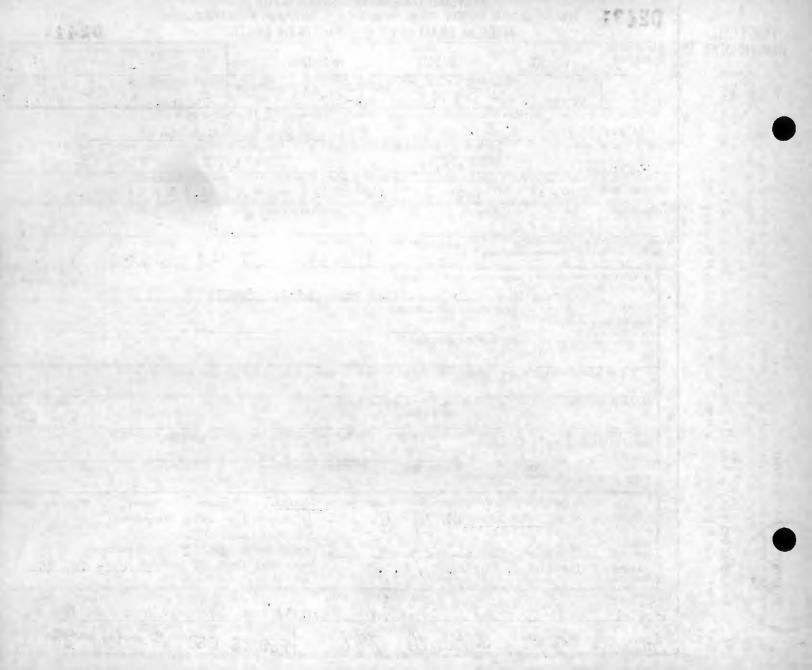
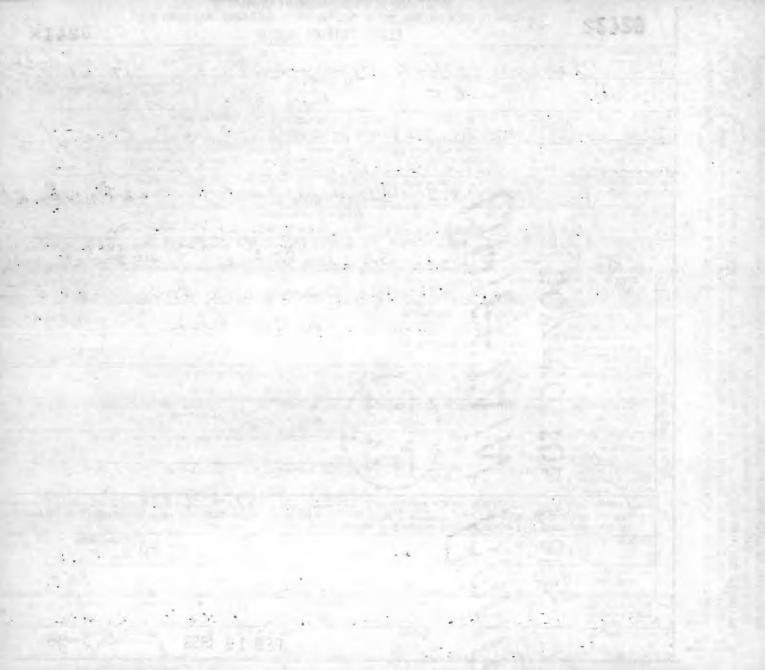


1 1 02437			PARIMENT OF HEALTH ON STREET, BALTIMORE, I		
FOR STATE			CERTIFICATE OF DE		02417
HEALTH DEPT. DECEASED-NAME Type or Print)	First BARRY	Middle WAYNE	BABY L ON	2a. DATE KNOWN Manth OF ESTI- DEATH MATED 2-26	Doy Year 2b HOUR
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Type ar Print) 3. SEX Male 70. BIRTHPLACE (Stote	White Sept.	last hirthday)	RS. 4-1/2 HOURS	Month Day February 26.	Year 19 68 6:20
70. BIRTHPLACE (Stote		1	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
# So to to To City or Town of	land US	ME OF HOSPITAL OR INSTITUT	IDOWED DIVORCED	CARROLL	Md.
Sykesy	give st	reet address)	during	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
130. USUAL RESIDEN	CE (Where deceosed lived, if institut		TY OR TOWN 13d. INSIDE CITY I	LIMITS? 13e. STREET AND NUMBER	
trem 18 of the hours of the hou	Maryland 13b. COUNTY C		cesville YES [] A		
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Tight of the state	VN KNOWN	16b. SOCIAL SECURITY NO.	17. INFORMANT	Renae ADDRESS	GENTER
	VT) (If yes give war or dates af service)	An against the second	MR. JAMES	Willis - Sykes	
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stating the un		AS A CONSEQUENCE OF			
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2			MARICAND STATE DEPARTMENT OF REALTH
			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1			CERTIFICATE OF DEATH 02418
李 章			CEASED-NAME First Middle Lost 2a. DATE OF DEATH Year PART Southern Day Year S. HOUR
		3. SI	X 4. RACE 5. DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR I FUNDER 24 HRS.
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equires that the death certificate be executed with physician. signed by the attending physician and completely burial-transit permit. Then please remave carbanburial, crematian, ar remayal, and in any event, with	3	14. [ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Nost
ate b ician lease and i		16a.	WAS DECEASED EVER IN U.S. (ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (All globs of service) Address 190 Frontle Ay,
ertific phys nen p			no - 217-36-436/ Julea Bockman Wastinister, md.
at the death cer the attending prist permit. The motion, ar remo			18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Leastate Octobrocorcomos love 4 10 0 10
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hat the n. yy the ansit			conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that the physician. signed by the burial-transit burial, cremat			last. (c)
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DING PHYSIC by the hospit ifter this certi be detached State Dept. af			21d. INJURY OCCURRED While Not while of work office Building, ETC AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town County Stote
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ATTEN estained CTOR: / shauld			couses stated abave, (1) (we) (did) (did nat) view the bady ofter death.
OR ATTENDING PHE be retained by the JIRECTOR: After this ge 3 shauld be deta ed with the State De			226. SIGNATURE W. H. Trownd MD DEGREE ATTENDING DIRECTOR
F & F	1		22d. PHYSICIAN'S NAME (Type) W. It FO Ard M.D 22e. ADDRESS NAME (Type) W. It FO Ard M.D 21162
O HOSPIT Page 4 m O FUNERA director, I shauld be	0	2300	BURIAL TREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State)
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± 274		ECEASED-NAME First	Middle	Lost	2g. DATE OF DEATH	2b. HOUR
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offer of off	3. S			S. DATE DE BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		MALE	WHITE	1-1-18'	16 last birthday) YRS.	MONTHS DAYS HOURS M.N.
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filler pag		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital 12a US)	JAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
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ne death certificate t i attending physician permit. Then please ian, ar remaval, and	L	NO	217-16-2838	WM C DOS/	AN UKION BRI	
ng p		18. CAUSE OF DEATH (Enter any one cause	per line for (o), (b), and (c).)	11.	19	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the harden	П	While Not while at work			1	1 2
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HOS UNI Culc	230	BURIAL, CREMATION, 23b DATE	23c NAME OF CEMETERS	DR CREMATORY	23d. LDCATION (City or Town)	(Caunty) (State)
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VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS /	? 2Sa. REC'D	BY REGISTRAR 2Sb REGISTRAR S	SIGNATURE
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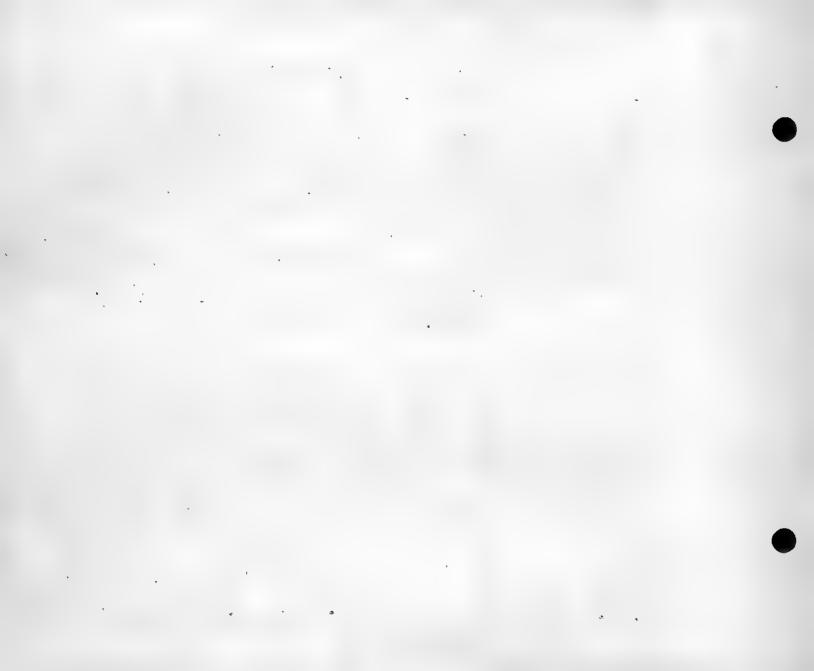
MAKTLAND STATE DEPARTMENT OF HEALTH 32437 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12423 DECEASED-NAME Middle 20. DATE OF DEATH Gwendo. (Type or print) 3. SEX 6. AGE (In years IF LINDER I YEAR last birthday) burial, crematian, ar remaval, and in any event, within 72 haurs af 7o. BIRTHPLACE (State or foreign MARRIED M NEVER MARRIED WIDOWED [DIVORCED [77] 422011 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, eyen if retired.) 13a. USUM RESIDENCE (Where deceased lived, if institution; Residence before) 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO X YES 🗀 Nois Conton 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Unknown Wheeler Unknown 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address. Yes, na, ar unknawn) 220-32-5300 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by the c burial-transit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH-HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State TO FUNERAL DIRECTOR: After this While Nat while of work 22a. t certify that (I) (this haspital) attended the deceased from 2-14 , 1967, ta 2 - 19, 1968, that (I) (we) last saw the deceased alive an 2-19-1965, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE DEGREE 22d. PHYSICIAN 22e. ADDRESS NAME (Type) 23a. BURYAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) BELMOYAL (Specify) Feb. 22.1968 Pleasent Grove Cemetery Boring Baltp. Md. 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE Villones Judge OFFR 23 30M REV. 1/68-3 Tipton - Eline Funeral Home Hampstead, Md.

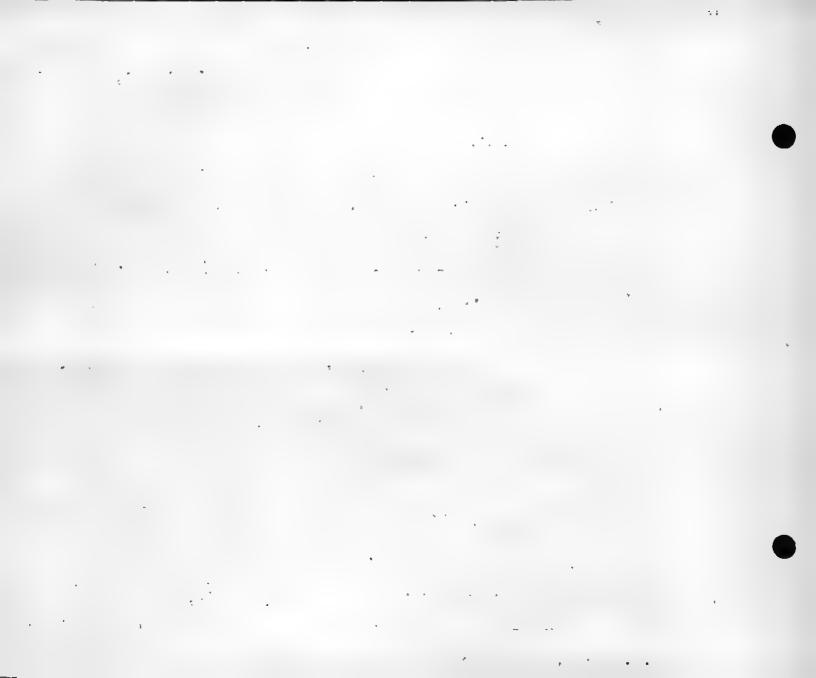


MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 32438 CERTIFICATE OF DEATH 02424 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH death the attending physician and completely filled in by the foceral sit permit. Then please remave carban papers Pages 1 and nation, ar remaval, and in any event, within 72 haurs after death (Type or print) Month Dov CHARLES HENRY BRENT FEBURARY 3. SEX 4 RACE 5. DATE OF BIRTH The law requires that the death certificate be executed within 24 hours after 6. AGE (In years lost birthday) MONTHS DAYS Male Negro 02-13-1899 68 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED Washington, D.C. U.S.A. WIDOWED [DIVORCED TX Carroll 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Springfield during most of working life, even if retired.) Sykesville **INDUSTRY** State Hospital Clerk 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before \$13r. CITY OR TOWN 3d NSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland Baltimore City YES TE NO No fixed address Baltimore 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Charles Brent, Sr. Maggie Brent 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yeş_na, or unknown) Unk. Unk. Redords. Springfield State Hospital APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral bronchopneumonia Davs burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-transit rise to immediate cause (a) signed by t DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(o) CBS assoc. with core bral arteriosclerosis, with psychotic reaction has been s se as the t th prior tab 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Health 1 YES [7 NO X ifter this certificate be detached far us Page 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 23c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while at work FUNERAL DIRECTOR: After irectar, page 3 shauld be c 22a. I certify that (1) (this haspital) attended the deceased fram 2-13-64, 19, to 2-1-68 saw the deceased alive an 2-1-68 19, and that in (my) (our) opinion death occurred or, that (1) (we) last , and that in (my) (our) opinion death occurred on the dote and hour and from the with the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR 2-2-68 director, page 3 shauld be filed v X DEGREE 22e ADDRESS Springfield State Hospital 22d PHYSIC, AN'S NAME (Type) Agustin del Campó. M. D. Sykesville, Maryland 21784 23a BURAL (REMATION. 23b. DATE NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAU (Specify) und 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68

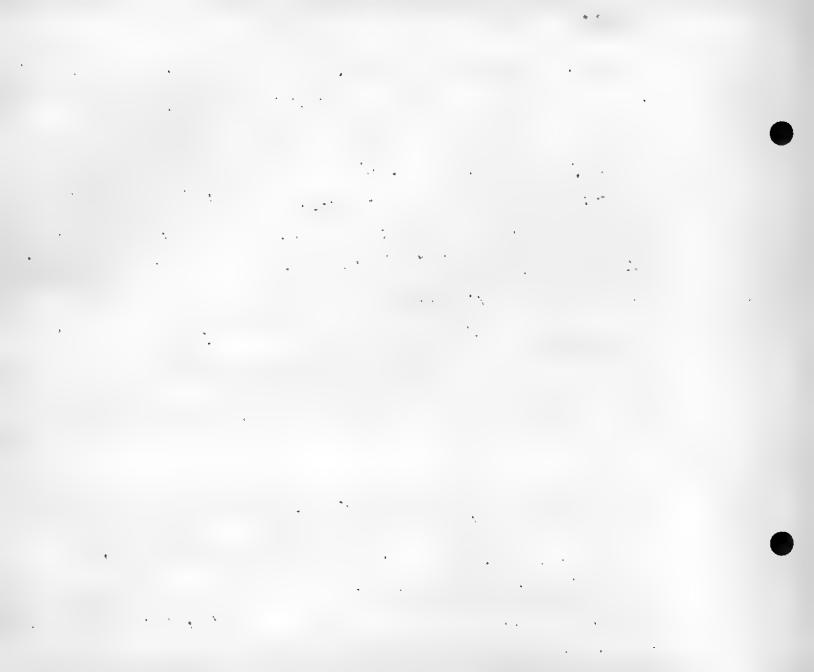


4		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2425
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Dov	Year 2b HOUR
V = 5 %	(Type or Print) ETHEL ESTELLA BROTHERS DEATH MATED 2-8	- 1968/1:20AM
PAR SE	3 5	Last about MONTH CAN HOUSE	Yeor (S HOJR
and de de la company de la com	_	EMALE WHITE OCT. 15, 1891 76 YRS	19/28/2 8
T, 2, m Dap		BIRTHPLACE (State or fore.gn 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH ALTYN ARROLL C. MA (4.5.) WIDOWED DIVORCED CARROLL CO.	
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TO 1.1.> TO 1.1.	1	VESTMINSTER give street oddressh APROLL CO. HOSPT during most of working life, even if retired) INDUS	
ofter olong with	30	USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
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hours after Item 18 G. Office olon 1 and 2 with	14. 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost 7
hin 24 ncil in I niner's t pages I haurs o	14.0		SENTZ.
within 24 pencil in xaminer's ile pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? (Hyes give war or dates of service)	E.GREENS
3 wrt In pe Exan File n 72	-		APPROX MATE INTERVAL
be executed "pending" in uef Medical E: insit permit. Feevent within		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) WILD CAUSED A ACTUAL CONTROL OF CAUSED A CONT	BETWEEN OWSET AND CEATH
execendir Indir Mec		4/01 DUE TO, OR AS A PONSEQUENCE OF D	h 0 /
be exemple be exemple the property of the prop		rise to immediate couse (o), (b) afterni) Sclerafic Cardio Carcular	7-8-420
NER: This certificate shauld be executed within 24 e certificate, writing the word "pending" in pencif in should be forwarded to the Chief Medical Examiner's files. 3 should be used as a bunal-transit permit. File pages inton, or removal and in any event within 72 haurs.		stoting the underlying couse DUE TO, OR AS IN CONSEQUENCE OF Allegan	
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KAMINER: T te the certific je 4 should b your files oge 3 should cremotion, or	MEDICAL	CAUSE OF DEATH P.M. 19	
至 年 4 計 9 E	≥	WHILE NOT WHILE foctory, office building, etc.)	unty Stote
			and in my animan
		22a certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apraran
please e director refained DIRECT OF to bu		CHIEF MEDICAL EXAMINER	
TTY y, ple eral di ce refr RAL Di prior		SIGNATURE SIGNATURE ACTUAL SIGNATURE ACT	PC
DEPUTY eccessory, page funeral may be refuneral FUNERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER X	703
o DEPUTY CICA necessory, please extra fine funeral director. 5 may be retained o FUNERAL DIRECTOR Health prior to built	- 000	NAME (Type) DOBS STITES MURRES TO WESTERNAMENTS	exassalf
5 = + 2 5 ± 1	230	BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCAT ON (CITY OF TOWN) (COURSEMOYAL ISPRATORY)	= OD MX
4	24	FUNERAL DIRECTOR ADDRESS 1250 RECIDENT ALSO REGISTRAR 1250 REGISTRAR SIGNA	THERE !
VR A15ME (5) 10M REV 1/68		J. E. 7 meso A Westminster, Md. DATE FEB 13 1083	- James





MARYLAND STATE DEPARTMENT OF HEALTH 363.67 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02427 1. DECEASED NAME Middle inst 2o. DATE OF DEATH 2b HOUR death death. (Type or print) Checks Worley McKin /24 3 SEX S. DATE OF BIRTH 6. AGE (In years RE INDER 1 YEAR IF UNDER 24 HRS lost birthday) MONTHS I DAYS HOURS Ma/e 3/22/97 24 hours 7o. BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) 4.5A Carroll WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY carpoo signed by the attending physician and campletely burial-transit permit. Then please remaye carbon Farmer OWN 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e. STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13b. COUNTY Carrol law requires that the death certificate be executed Union Bridge YES [7] NO 1 Bucher John and in any 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Checks Wesley Floyd 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, or unknawn) 215-34-6904A or removal, Pear Union Bridge APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Metastation burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gove) CATCINGMAS rise ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) use as the later of the prior to be Page 4 may be retained by the haspital ar attending this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO F 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) 216 TIME OF INJURY þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) to 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 2/7 1968, and that i 19 66 to 2/7 19 68 , that (1) (we) last 1968, and that in (my) (aur) opinion death accurred an the date and hour and from the saw the deceased alive on_ couses stated obave (1) (we) (did (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS STAFF PHYS. m.D. DEGREE director, page 3 should be filed v DIRECTOR 22d. PHYSICIAN S 22e ADDRESS C. Cheeks NAME (Type) M.D. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d LOCATION (City or Town) (County) (State) **ADDRESS** 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68





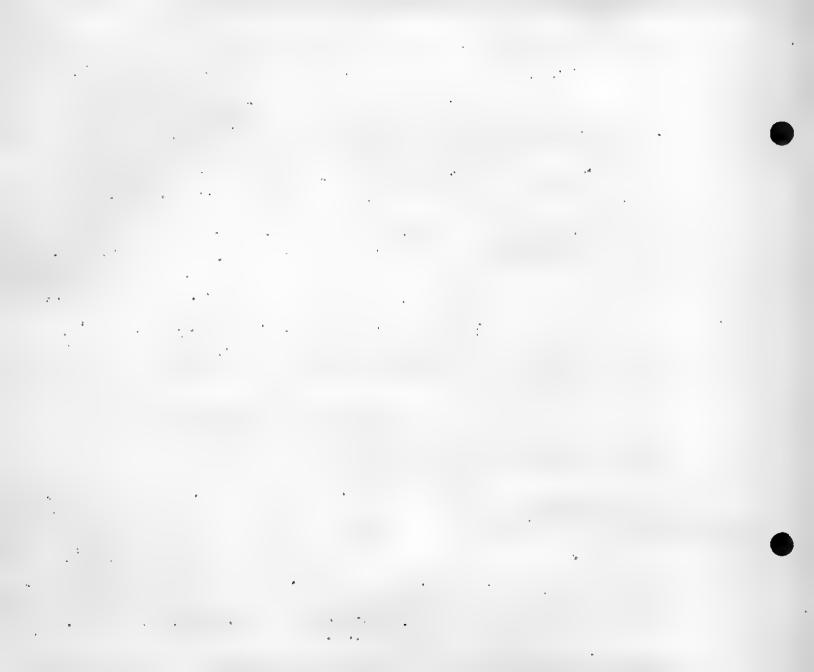


1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	ш	CERTIFICATE OF DEATH : 9243	1 (1
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ded		Type or print) E/MER F CROASDALE Month Doy 1988-11	1 SON
fer	3. SI	S. DATE OF BIRTH 6. AGE (In years FUNCER I YEAR FUNC	OER Z4 HRS.
S	L	MATE WHITE October 1/18/9 88 YRS	J Mills.
State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours		BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
7/ (1	hila Gerna 454. WIDOWED DIVORCED [Carroll	Md
	. 10. 1	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of wark age if retired.) 120 USUAL OCCUPATION (Kind of work dane during most of wark age if retired.) 121 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of wark age if retired.)	
≥	130	USUAL RESIDENCE (Where deceased lived, is a strict on: Residence before 13c. UP OR TOWN 13d INSIDE CTY LIM 137 13e. STREET AND NUMBER	50 ST 15
1 "	adm	1155101) STATE MARYLONG 136 FOUNTY for BELAIR - YES NO 100 WEST Beleves,	
1/4	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Los	st
	1/2	WAS DECEASED EVER IN U.S. ARMED FORCES? 1165 SOCIAL SECURITY NO. 117. INFORMANT Address	5
		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (II) yes give were or deties of service) 184-61-4331 THIFFT (DOASDDE TBOKES)	/
	-	APPROXIMATE INTO	
	L	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY APPROXIMATE MILE BETWEEN ONSET ARE STEVEN ONSET ARE STEVEN ONSET ARE	D GEATH
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	L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	NS.	<i>†</i> · · ·	
1	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYI CAUSES OF DEATH?	ING
z.		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part) or Part	
	MEDICAL		State
		While Not while at work of wark	P1010
		220. I certify that (I) (this hospital) rattended the deceased from June 16, 1967, to 1968, that (I) (1)	we) las
		220. I certify that (I) (this hospital) attended the deceased from June 16, 1967, ta, 1968, that (I) (saw the deceased alive on Arrow 3/1968, and that in (my) (aur) opinion death occurred on the date and hour and fi	rom the
		causes stated abave, (I) (we) (did) (did not) view the body ofter death. 286. SIGNATURE 22c. DATE SIGNED	
1		DEGREE PHYS DIRECTOR PHYS. DEGREE PHYS DIRECTOR PHYS. DEGREE PHYS DIRECTOR PHYS.	
1	1-	22d PHYSICIAN 2	1
		NAME (Type:) OSOBBE DUS & MID HAM DSTEAD Mary larg	d
	23a	BLRIAL TREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Sto	ote)
-		REMOVAL (Specify) Feb. 5 1768 Highland (Constant His 1: 1. 1.	10
9	24	FUNERAL DIRECTOR ADDRESS 2SO REGISTRAR 2SIGNATURE DATE FEB 5 1988 CONTROL OF THE PEB 5 1988	
68		DATE FEB 5 1988 Please Quedas	Sea.





	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL DECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201
	DIVISION OF THE RECORDS, SOT W. TRESTON STREET, DALITHORE, MARTEMED 21201
	CERTIFICATE OF DEATH 02432
ي _ 7 ج	ECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b HOUR
rueral Tuneral 1 and 2	Type or print) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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ertificate b physician en please aval, and i	(9s, na, ar unknown) (11 yes give war or dates of service) (12 12 - 0'3 - 3354 Pouth Roules (dought), 12 15
erti ph hen hen	APPROXIMATE INTERVAL
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orice orice orice	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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ndin s # s	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
IAN: The law reital are attending I ficate has been star use as the kitelith priar tab	YES NO CAUSES OF DEATH?
ar ar use	216. ACCIDENT WAS UNDERLYING 21b TIME OF INNIRY 21c HOW INITIARY OCCURRED (Enter nature of inning in Port 1 or Port 2 Item IR.)
	GRECONTRIBUTING CAUSE OF CEATH (If either, natify medical examiner) P.M. 19
PHYSICIAN: 'The haspital ar this certificate detached for use Dept. af Health	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, SIREET, FACTORY,) 21f, IOCATION Street or R.F.D. No. City or Town County State
DING PHYSI I by the hasp After this cer I be detached State Dept.c	While Not while of work at work
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ATTENDING stained by the CTOR: After the should be directly that the State	saw the deceased alive on
TY To Hain the Hain t	226 SIGNATURE
OR ATTENI DIRECTOR: A pe 3 should	WH toward MI DEGREE PHYS. DIRECTOR DIRECTOR DIRECTOR 2/6/68
Page 4 may be retained by to FUNERAL DRECTOR: After director, page 3 should be a shauld be tiled with the State	22d. PHYSICIAN'S NAME (Type) WHFOATH MP 22e ADDRESS MAME (Type) WHFOATH MP 21102
HOS UNI Gulc	BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City of Town) (County) (State)
Page 'O FUN direct shaul	Stroop 2/9/68 Union Cemetery Lovettsville Va.
-	FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV 1/68	este trevelal House DATE FEB 8 1988 (Cleanles Jugas.



1			D STATE DEPARTMENT OF H		
	32447		301 W. PRESTON STREET, BALTIA	MORE, MARYLAND 21201	
	() 10 E =		ERTIFICATE OF DEATH		02433
	DECEASED-NAME First (Type or print)		Last	2a. DATE OF DEATH	2b HOUR F
L	MILI MILI	LARD	DOUGHERTY	Month 2sy	68 B:30 M
3. 3	.EX	4. RACE	S. DATE OF BIRTH		F UNDER 1 YEAR F JHDER 24 HRS. ONTHS DAYS HOURS MIN
L	Male	Caucasian	05/05/83	lass birthday) YRS. MC	JAINS DAIS NOOKS MIN
70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	COUNTY OF DEATH	
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	CITY OR TOWN OF DEATH Sykesville	11 NAME OF HOSPITAL OR INS give street oddress) Springfield	State Hosp. during mo	L OCCUPATION (Kind of work dane staf working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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	nission) STATE Maryland	d 135 COUNT	Balto. YES NO	= 17 00 222111000	
14.	FATHER'S NAME First	Mıddle ₹ Last	IS. MOTHER'S MAIDEN NAME FIL		Lost
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160	Yes, no, or unknown) (If yes give			Address	
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Н	stating the underlying cause				
П	lost. 4) at 1	(c) A	4 1/2		1
		onditions <u>contributing to DEATH</u> BUT NO renic reaction, cat		ONDITION GIVEN IN PART I(a)	
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CERTIFICATION	21g. ACCIDENT WAS UNDERLYI	ING 21b. TIME OF INJURY		nature of injury in Part 1 or Part 2, Iter	m 19)
		EATH HOUR A.M. Manth Day Year		nations of injury in Futt 1 of Futt 2, 198	10.1
MEDICAL	(If either, natify medical exam 21d INJURY OCCURRED 21e	niner) P.M. 19 e. PLACE OF INJURY / AT HOME, FARM, STREET, FAC	TORY) 215 LOCATION Street or D.E.D. No.	City or Town	County State
	White Not while	OFFICE BUILDING, ETC	TORY.) 21f. LOCATION Street or R F.D. Na.	city of fown	codility side
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L	sow the deceased	this hospital) attended the decease olive on 2/22	9.68, and that in (3030) (our) opin	nion death accurred on the date	ond hour ond from the
	couses stoted obov	ve, 🗱 (we) (did) (did and view the l	body after death.		
	22b. SIGNATURE	1 000 3000 10	ATTENDING - ME	ED STAFF 22°C DAT	TE SIGNED (68.
	Teracipo 1	V. Valuicio re		ED STAFF □ 7 /	66,08,
	22d. PHYSICIAN'S NAME (Type)	1 Cito V. PATRi	Cio Mr. Springfiel	ld State Hospital.	Sykesv., Md.
230	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY		(County) (State)
	REMOVAL (Specify)	-26-68 Free	dom Cancha	Sykesville	141.
24	FUNERAL DIRECTOR	ADDRESS	// / ZSa. KEED BY	REGISTRAR 25b. REGISTRAR'S SIG	GNATURE
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	Items 5,6,9 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						1820	434	
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⇒ 5 € 7 5	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examina	HOUR A.	Μ 1	9	·	re of injury in Part 1 or Part 2, It	em 18.)	
PHYS he hos this ce detache e Dept.	W	21d INJURY OCCURRED 21e i White Not while at wark	PLACE OF INJUR	RY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21E LOCATION Stre	eet or R.F.D. Na.	City ar Town	County	State
IDING J by t Affer J be o		22a. I certify that (i) (the saw the deceased ali causes stated abave,	ve on 2 (i) (we) (di	tended the deceas d) (did not) view the	ed fram 2 / 0 1948, and that in (n bady after death.	ny) (🚮 apinian	death accurred an the dat		(1) (we) l ast and fram the
TO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d. PHYSICIAN'S	Bull	, m. a	DEGREE ATTEND PHYS. 22e AD	DIRECTO	STAFF D	ATE SIGNED 2/13/3	68
IOSPIT IP 4 m UNERA Perfor,	230	NAME (Type) BURIAL, CREMATION, 23b D	ATE	23c. NAME OF	CEMETERY OR CREMATORY	11 2 A Bd	LOCATION (City or Town)	(County)	(State)
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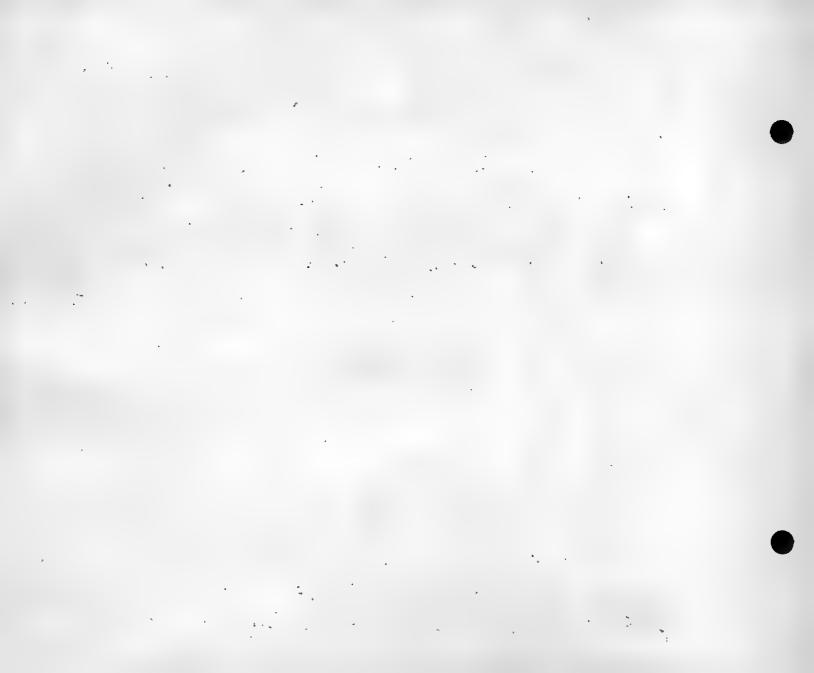
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02436 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR 24 hours after death death. puo (Type or print) unero 4 RACE F UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years JE LINDER , YEAR last birthday) DAYS SEPT 7o BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WIDOWED P DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY signed by the ottending physicion and complete burial-tronsit permit. Then please remove calculation, cremotion, ar removal, ond in ony event, 130 JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 3d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER requires that the death certificate be executed 14 FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cand'tians, if any, which gave) PRTERIOSCLEROTIC rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) Page 4 may be retained by the haspital or attending FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detoched far use as the should be filed with the State Dept. of Health prior to 9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES 🗔 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Mat while at work 22a. I certify that (I) (this haspital) attended the deceased fram_ . 19.6 & . ta . 19.68 , that (I) (we) last saw the deceased alive an. 2/20 _1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22t DATE SIGNED/ ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL CREMATION. 23b DATE. (County) (Stote) MOVAL (Specify) 2 24. FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATURE VR A15 (4) 6 30M REV, 1/68



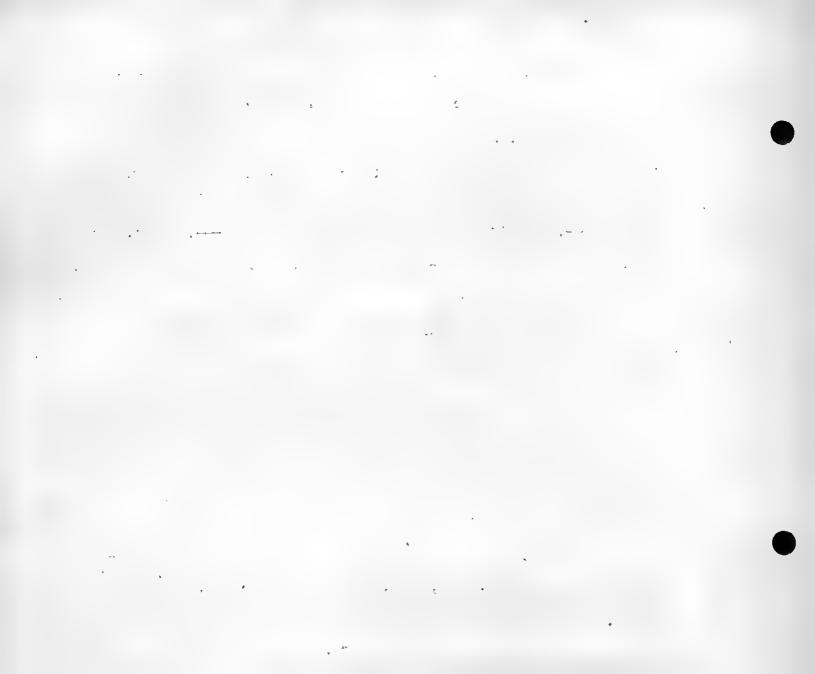
MARYLAND STATE DEPARTMENT OF HEALTH 56451 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH . 2437 DECEASED-NAME First Middle 20. DATE OF DEATH 2b HOUR ofter death (Type or print) 3 SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS IF LINDER I YEAR 6. AGE (In years DAYS lost birthdoy) MONTHS T HOURS YRS. requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED TO WIDOWED [DIVORCED ar remayal, and in any event, within 72 the attending physician and campletely filled sit permit. Then please remove carban pape 11 NAME OF HOSPITAL OR INSTITUTION (IF not it hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired.) 13d USUAL RESIDENCE (Where deceased lived it institution: Residence before 13e. STREET, AND NUMBER 13G/CITY OR TOWN 13d INSIDE CITY LIMITS? 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First 160. WAS DECFASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 1Z INFORMANI Address Yes, no, or unkdown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

PART I DEATH WAS CAUSED BY

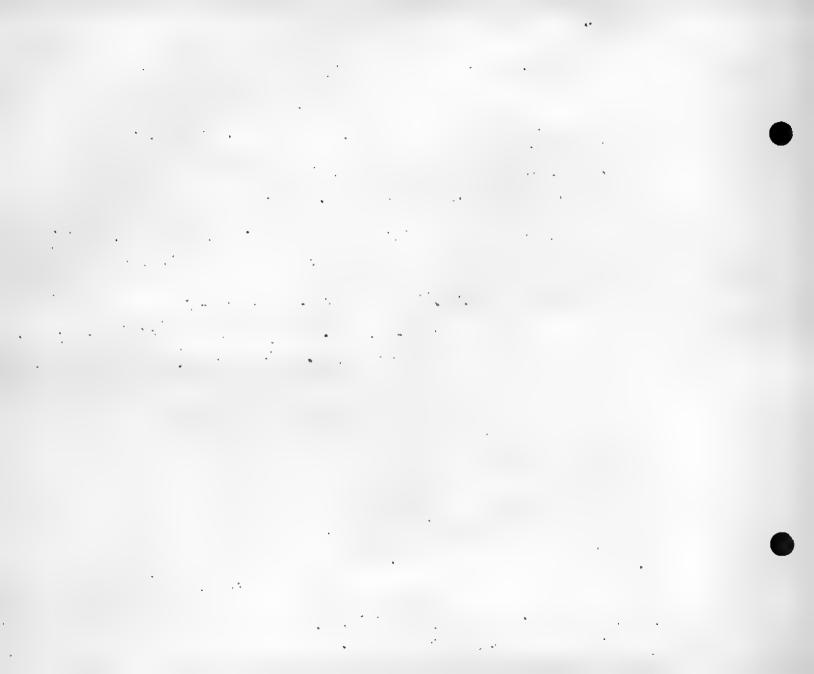
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO [21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) ģ TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1967, and that in (my) foot) apinian death accurred an the date and haur and from the be retained director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23d LOCATION (City or Town) 23b. DATE NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION, (County) 25b. REGISTRAR'S VR A15 (4) 30M REV 1/68 1968

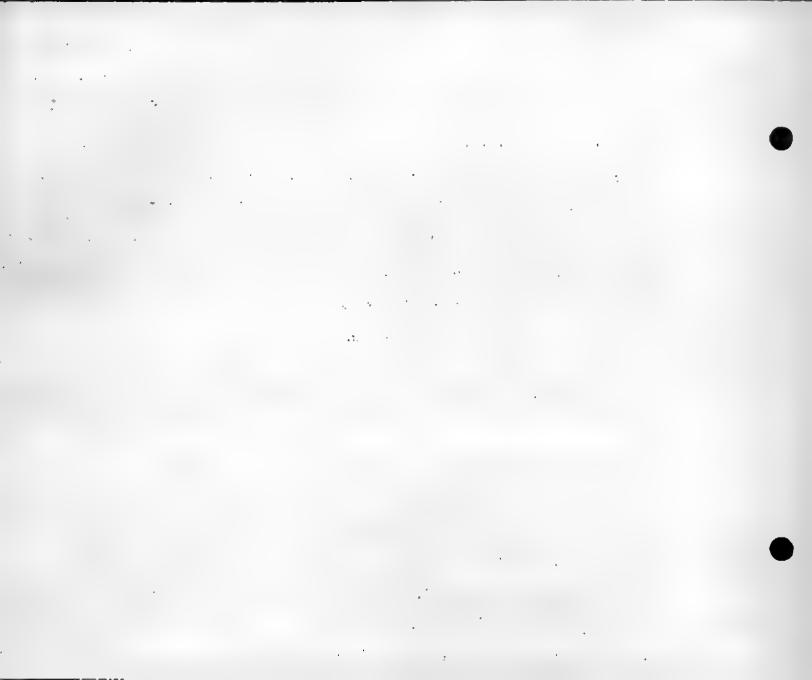




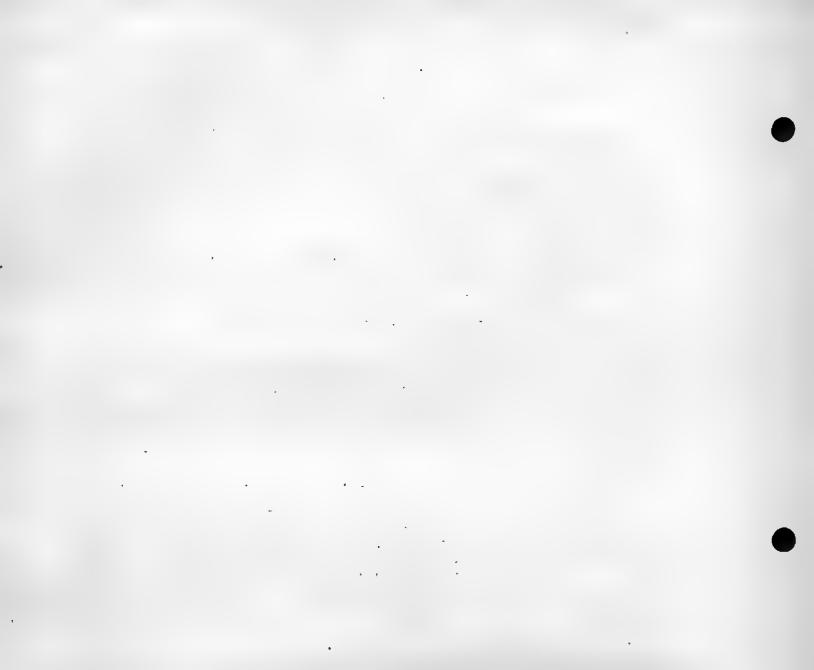


MARYLAND STATE DEPARTMENT OF HEALTH 52454 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 2441 CERTIFICATE OF DEATH Midd e 20. DATE OF DEATH DECEASED NAME Lost First (Type or print) MISSOURI IF UNDER I YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX event, within 72 haurs after lost birthdoy) ZYAC DEC.16 YRS The law requires that the death certificate be executed within 24 haursy 9 COUNTY OF DEATH. To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED physician and campletely filled in WIDOWED A DIVORCED [12b KIND OF BUSINESS OR NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTRY give street oddress) the attending physician was corban 13e STREET AND NUMBER 13o, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 3b COUNTY YES ZINO Middle Middle IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Lost INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions if ony, which gove burial-transit rise to immediate couse (a) signed by DUE TO, OR AS A CONSIQUENCE OF stating the underlying couses lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? YES [NO 🔀 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Ē DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) Stote 21f. LOCATION Street or R.F.D. No. City or Town County 21d INJURY OCCURRED While Not while 22a. I certify that (1) (this haspital) attended the deceased from 4-16 saw the deceased alive on 2-1-68 1968, and that in O FUNERAL DIRECTOR: After (we) last 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the be retained causes stated abave, (1) (we) (did (did nat) view the bady after death. 22c DATE SIGNED ATTENDING STAFF DIRECTOR PHYS 22e_ADDRESS 22d. PHYSICIAN'S NAME (Type) directar, hauld 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION 23b. DATE ADDRESS FUNERAL DIRECTOR 30M REV 1/68





-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12442
HEALTH DEPT.	1 DECEASED NAME First Middle Last 2a DATE KNOWN Month D	Day Year 2b HOUR
·	(Type or Print) LEMUEL G. KELBAUGH OF ESTI- DEATH MATED Feb.	9, 168 6:20
A ond Participation of the partiment	3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN 1980'S IF UNDER 1 YEAR IF LINDER 24 MRS 2C DATE PRONOUNCED DEAD	, Year 19 6:20 M
THE GOOD	7a BIRTHPLACE (Stote at foreign 7b. CT/ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
*\o * \o /	Country) Maryland U.S.A. WIDOWED ☑ DIVORCED ☐ Carroll	Me
Page with	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 1)	26 KIND OF BUSINESS OR
hours after death them 18. Give Pages- Office along with form and 2 with the State D	woodnine R.D. Retired B.& O. R.H	NDUSTRY R
after 8. Give along with th	13a USJAL RESIDENCE (Where deceased lived, if institution Residence before) 13c CITY OR TOWN	
2 w 2 w	odmission) STATE Maryland 13b. COUNTY Carroll Woodbine YES NO R.D.	
I hours Item 18 Office Office ofter d	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
	John Kelbaugh Louisa Sh	nipley
thin 24 snotl in miner's pages hours	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wall or dates of service) (Yes, no, or unknown) (If yes give wall or dates of service)	661
be executed within "pencil" in pencil. hief Medical Examine ransit permit. File pag	(Yes, no, or unknown) (If yes give war or dates of service) 705-05-7445 Mrs. Eleanor Kelhaugh Sever	na Park Mo
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ecut ing sdic	PART I DEATH WAS CAUSED BY: Smoke to Soot Inhalation	
ex end if p	DUE TO, OR AS A CONSEQUENCE OF	
hie promo	Canditions, if any, which gove (b) Incidental to Conflagration (b) Incidental to Conflagration	
should be executed ne word "pending" in the Chief Medical buriol-transit permit.	stating the underlying cause (DUE 10, DR AS A CONSEQUENCE OF	
sho ne w no th burid	lost. (c)	
This certificate should be executed within 24 cate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's be used as a buriol-transit permit. File pages it removal, and in any event within 72 hours	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
te, writin farword farword e used o	Arteriosclerotic Cardiovascular Disease	20. AUTOPSY?
this certificate, writing the farwor be used to removal	WAS PERFORMED?	
e at a	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO 🗌
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INER: T e certific should b files. 3 should otton, or	PRIMARY OR CONTRIBUTING 5:15 KM. Feb. 9, 19 68 Apparently started from kerosene CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
XAM the th ge 4 your your crem	WHITE NOT WHITE AT WORK AT WORK THOME fottor, office building, etc.) Rd. Woodhine Ashleys Trailer Park	
ICAL E executor. Paged for CTOR: 5 bundl,	220. I certify that I took charge of the remains described above, held on Autopsy 🔀 Inspection 📋, Inquiry 🔲,	ond in my opinion
ctor ctor bed bu	deoth resulted from: Notural couses Accident 🗷, Suicide 🗌, Hamicide 🔲, Undetermined manner 🗌	
pleose director retoiner or to b	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER 220 DATE SIGNATURE 229	GNED
essany, person p	EXAMINER'S Werner U. Spitz, M.D. DEPUT MEDICAL EXAMINER L.	- 00
TO DEPUTY DICA necessary, please e the funeral director 5 may be retained TO FUNERAL DIRECT Health prior to bu	NAME (Type) ADDRESS(Street, city, town, or county)	
5 E = 2 O = 1	REHO(4) (Sec. 4)	Caunty) (State)
,	BUT1a1 2/10/1968 Ebenezer Cemetery Carrol 24. FUNERAL DIRECTOR ADDRESS 1250 RECUE BY REGISTRAR 1250 REGISTRAR 1250 RECORD RECOR	1 Co., Md.
VR A15ME (5)	24. FUNERAL DIRECTOR C. M. Waltz, Box 241, Sykesville, Md. DATE FEB 13 1958	anatura ceda
The Park I sale	I TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO T	1. (1



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02443 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) S. DATE OF BIRE 3. SEX 6 AGE (In years IF UNDER 1 YEAR last birthagy) HOURS 24 hours of 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Baltico on far adpers USA. DIVORCED [WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most of working life, even if retired.) **INDJSTRY** the attending physician and campletely sit permit. Then please remave carban meren Muranie Home 7 amer 13a. SUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE - mel 13b. COUNTY 14. FATHER'S NAME 19 MOTHER'S MAIDEN NAME First Middle Last 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (17 INFORMANT Yes, no prunknown) (If yes give war or dates of service) 14-14009 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (b). and (c). BETWEEN ONSET AND DEAT burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as th∎ t fHealth prior tab mulls Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🕞 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark at wark at wark 122a. I certify that (1) (this hospital) attended the deceosed from 19 6 and that in (my) (our) opinion death occurred on the date and hour and from the 22b. SIGNATURE 22c DATE SIGNED ATTENDING orter DEGREE DIRECTOR PHYS. 22d. PHYSICIAN S 22e, ADDRESS NAME (Type) directar, shauld b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE (County) (State) 对MGY生货座cify) Feb. 10, 1968 Greenmount Cemetery Greenmount Carroll Co. Md. 24. FUNERAL DIRECTOR **ADDRESS** 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Tipton - Eline Funeral Home Hampstead. Md. 30M REV 1/68 DATE

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MAKTLAND STATE DEPAKIMENT OF HEALTH



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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
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em Hai		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the trundirector, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial.	*	at work of work		CTORY.) 21f. LOCATION Street or R F.D. No		County State
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HOS ge 2 FUN recto	23o.	BURIAL, CREMATION, 23b. D.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
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VR A15 (4)		FUNERAL DIRECTOR	ADDRES:	2So, REC'D B	Y REGISTRAR 2Sb. REGISTRAR'S S	GNATURE
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*		MARYLAND STATE DEPARTMENT OF HEALTH			
· A 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
		CERTIFICATE OF DEATH			
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requires that the death certificate be executed within 24 hours physician. I signed by the otherding physicion and completely filled in by the burial-transit permit. Then please remove carbon papers. Per burial-transition, or removal, and in any event, within 72-hours.		BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED CARROLL			
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ATTENDING etained by th CTOR: After t should be di	1	saw the deceased alive on 1967, and that in (my) (our) opinion death occurred on the date and hour and from courses stated above, (I) (we) (did not) view the body after death.	ine		
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Poge 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, poge 3 should be filed with the State Dept. of Health	230	BURIAL CREMATION, 23b. DATE, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BEMOVAL (Specify), 2/22/68 CARROLLTON CHURCH FINKSING ROW.)		
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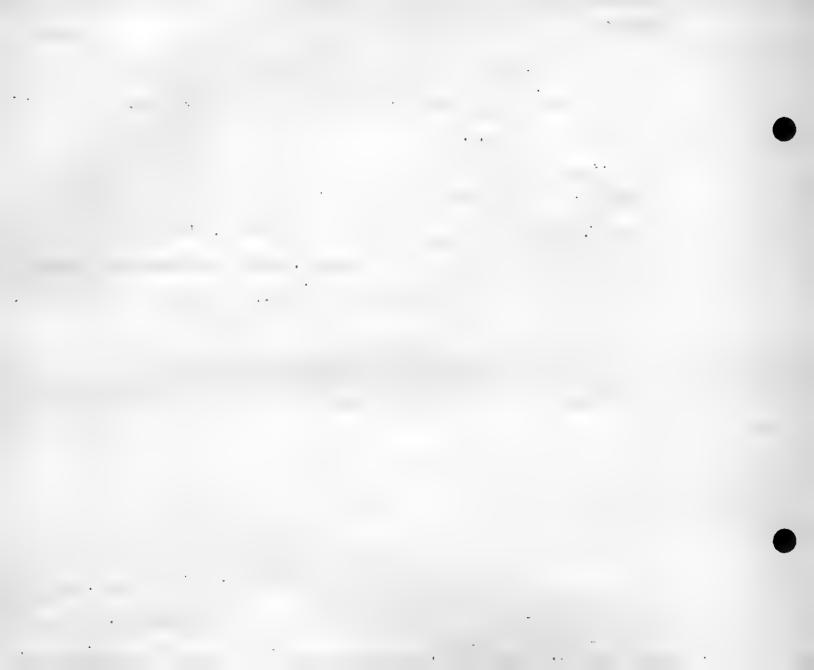
		MARYLAND STATE DEPARTMENT OF HEALTH
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requires that the death certificate be executed within 24 hours after death g physician. I signed by the attending physician and campletely filled in by the Toperal s buriol-transit permit. Then please remove carbon papers. Tages I and a buriol, cremation, or removal, and in any event, within 72 hours after death.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Coronary Thrombons IMMEDIATE CAUSE (o)
hot the on. y the at your performer of the other than the other t		Conditions, if any, which gave rise to immediate couse (a). Station the underlying cause DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
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The law re r ottending e has been use as the otth prior to		19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If yes, were findings considered in certifying causes of death?
PHYSICIAN: The hospitol or of his certificate hospitol for use stocked for use Dept. of Health	MEDICAL CER	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19
binG PHYSIC by the hospi After this certi be detoched Stote Dept. of	¥	21d IMMURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street at R.F.D. No City or Town County State at work
be Stot		22a. I certify that (I) (this haspital) attended the deceased from figure 1968, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (I) (ws) (did) (did not) view the body after death.
OR ATTEND be retoined DIRECTOR: A pa 3 should ed with the '		226 SIGNATURE Jahre S. Harsh M.O. DEGREE PHYS. DIRECTOR PHYS. 226 DATE SIGNED 2/1 1/1 2
O HOSPITAL OR ATTENI Poge 4 may be retoined O FUNERAL DIRECTOR: A director, poge 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) JOHN S. HARSINEY no Sando It Washington
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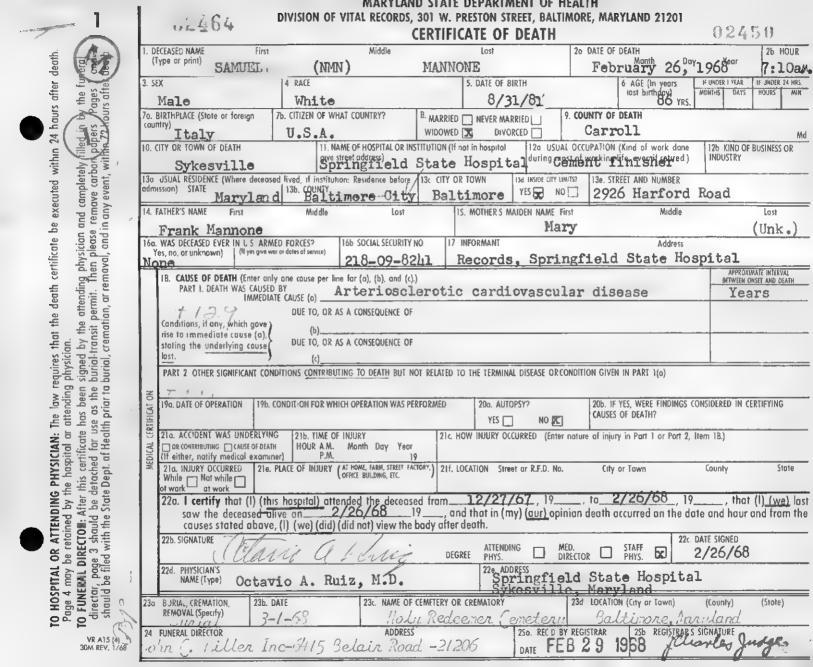


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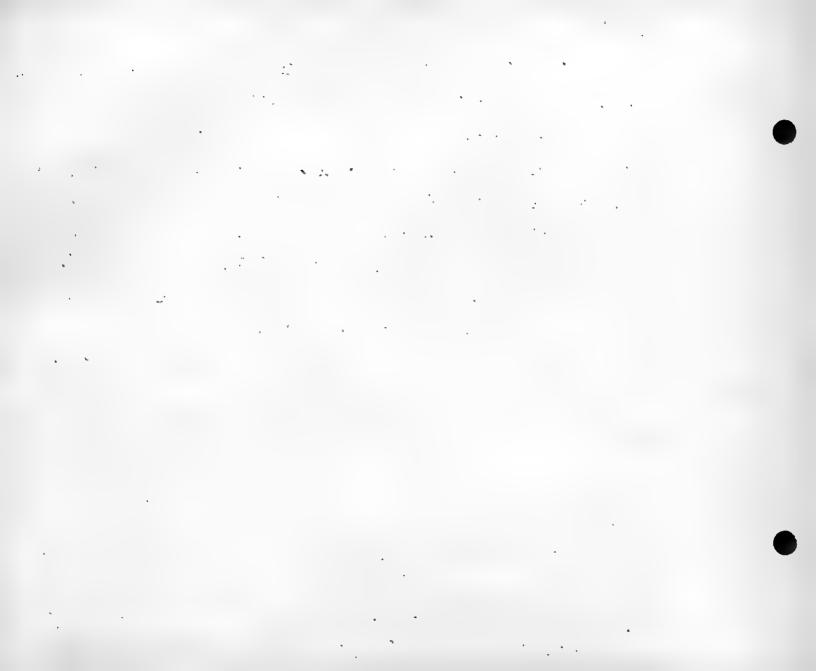
1200	-	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7	FOR S	TATE 💉		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2449
	HEALTH	DEPT.) D	CEASED-NAME PIRST RILS SELL MALONE 20 DATE KNOWN Month OF ESTI- DEATH MATED TO 2 -	Day Yeor 26 MOUR
	La delay	age of	3 SI	4 RACE S DATE OF BIRTH 6 AGE (n years FUNDER 1 YEAR FUNDER 24 MRS 2c DATE PRONOUNCED DEAD	2d HOUR
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	er de ive ig w	the .		nion Bridge Route 1 Self	INDUSTRY
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	our em office	and 2 fter	-	THER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
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	uted g" ii ical	al-transit permit. File any event within 72		1B. CAUSE OF DEATH (Enter only one cause per line top (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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	ficat ing 1 ded	d be used as a b ar remaval, and	74	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECEIVED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART [6]	
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	his ante, ate, e fa	be u	RTIFIC	WAS PERFORMED?	YES NO X
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	SICAL EXAMINER: se execute the cert ctar. Page 4 shault	etained rar yaur DIRECTOR: Page ir to burial, crem		WHILE NOT WHILE factory, office building, etc.)	•
	xecute Page	- o ≂ ∣		220. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry	and in my apınıan
	blease e directar	SECT of pro		death resulted from: Natural auses X, Accident , Suicide , Hamicide , Undetermined manner (
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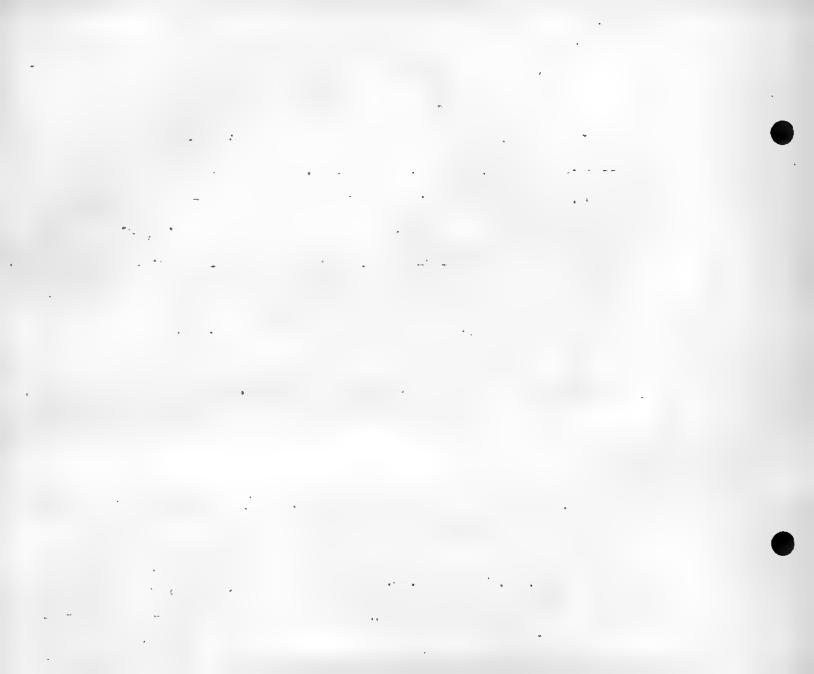


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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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rtificol physici en ple oval, o		es, no, or unknown) (If yes give wor or doles of service) ZZO - ZS-3677 FRANK MATHER LONGWELL AVE
at the deoth cer the ottending p msit permit. The mation, or remo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I, DEATH WAS CAUSED BY:
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hou. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in bidirector, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, should be filled with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours.	W	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Town County State at work at work
DING by t Wfter be c Stote		22a. I certify that (1) (this hospital) attended the deceased from 2/25, 1965, ta 2/28, 1966, that (1) (we) last saw the deceased alive an 2/28 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the
TENI ined OR: A ould the		causes stated abave, (1) (we) (did) (did nat) view the bady after death.
OR ATTEND be retained burecror: A pe 3 should ged with the 3	_	226 SIGNATURE ATTENDING DIRECTOR DESTAFF 220 DATE SIGNED ATTENDING DIRECTOR DESTAFF DIREC
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VR A15 (2) 30M REV. 1/68		2. missip, Westminte, ml. DATE FEB 29 1968 golianla July



	MAKTLANU STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
± _2∓	1. DECEASED-NAME First Middle Last 2a, DATE OF DEATH 2b HOUR
r death.	(Type or print) BEULAH BLANCHE MEAGHER 2 Manth 20gy Year 8 4 P.
h /27% in	3. SEX 4 RACE S. DATE OF BIXTH 6. AGE (In years Funder year 15 under 24 hrs.
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xect mov my e	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
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ote ote cidan lician and	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 117. INFORMANT Address of 111 Place 1. 2
tifice shysin pl val,	Yes, na, ar unknown) (If yes give war or dates of service) 216-01-85301 mas Roger T. Program Westmanster and
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the the mot	Conditions, if any, which gave irise to immediate cause (a). (b) Wella Saara Carcumu
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificote be executed to Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please removersate should be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event,	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fill	23a BURIAL CREMATION, 23b. DATE, 23c NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (County) (State)
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VR A15 (4)	24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
30M REV 1/68	J. 2- Myso, J. Wolmistery 122. DATEEB 26 1968 Charles June





FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	r Pro
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term 18 Gin Office folong	130 SUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c (TY OR TOWN 13d MS.DE (TY LIMITS? 13e STREET AND NUMBER odm ssion) STATE Md. 13b. COUNTY Carrotal Westminster YES NO Rt. 1	
thours office of ter d	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Unknown Stuckey Unknown	Lost
oencil in aminer's e pages 2 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, nanounknown) (If yes give war or dottes of service) 21.2-24-5303 George M. Miller Westminster, Mc	d.
KAMINER: This certificate should be executed within 24 hours ofter death te the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, ge 4 should be forwarded to the Chief Medical Examiner's Office follong with form your files. age 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Decremation, or removal, and in any event within 72 hours ofter death.	PART I DEATH WAS CAUSED BY H/2 TIMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove DUE TO, OR AS A CONSEQUENCE OF	PROX MATE INTERVAL EEN OMSET AND DEATH
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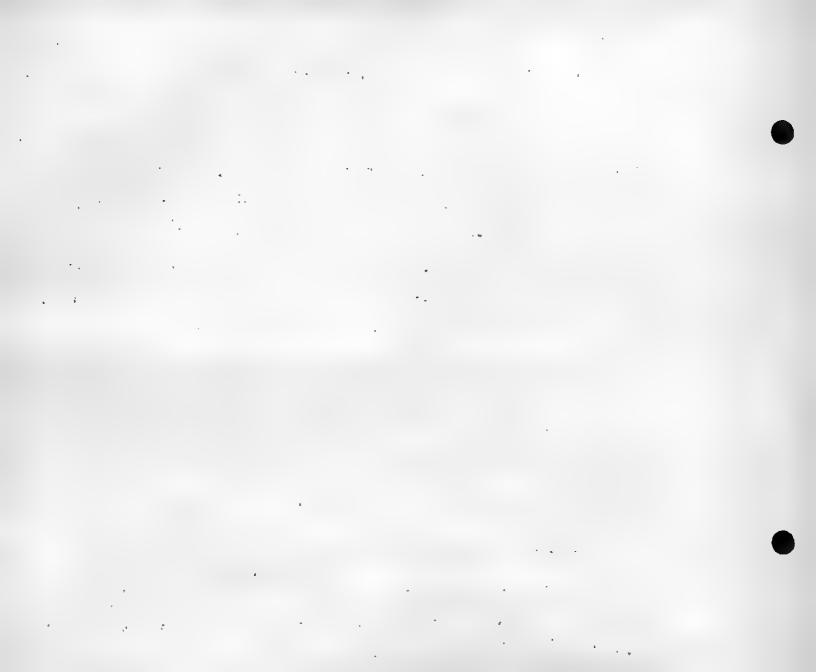
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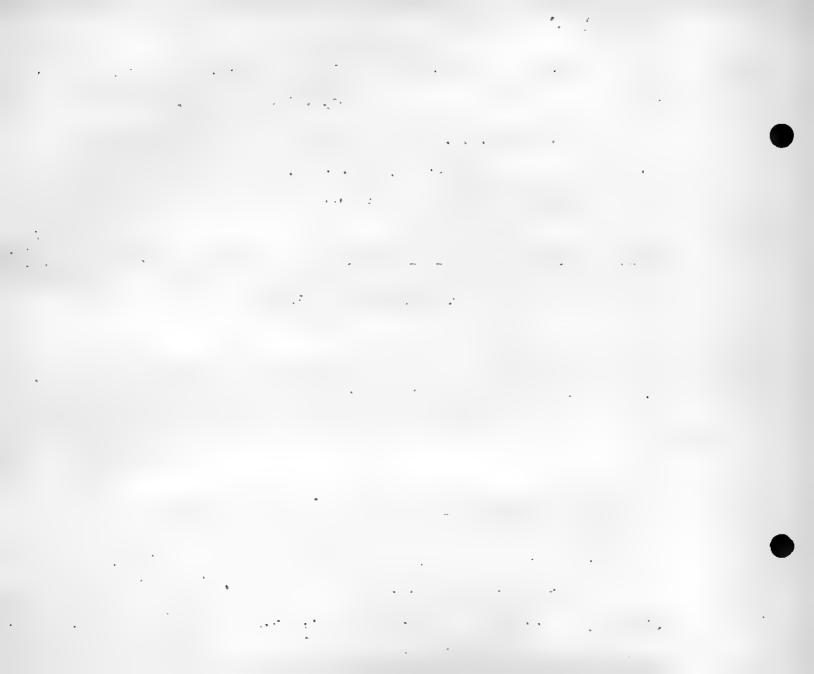
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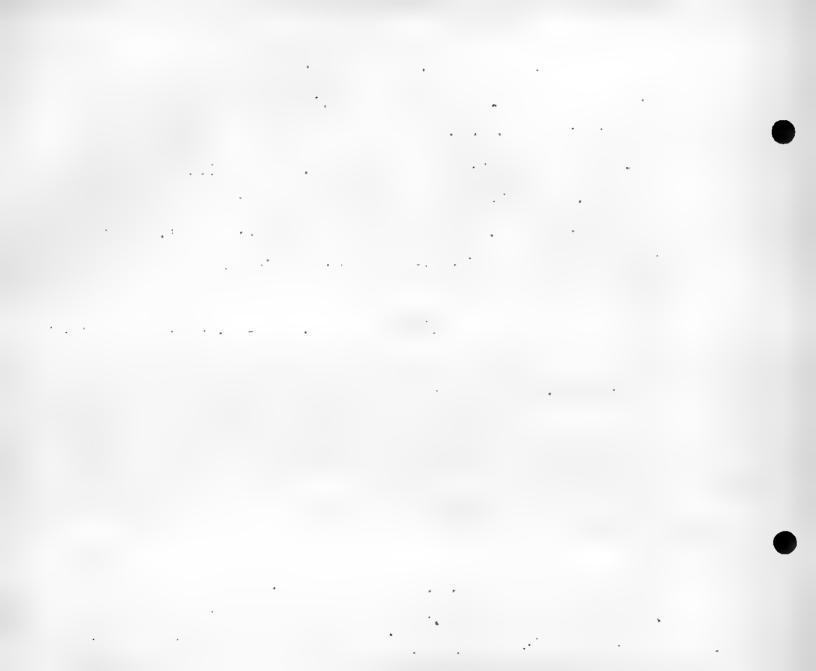
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH c. 245 9 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME Middle Last the attending physician and campletely filled in by the funeral sit permit. Then please remove carbon popers. Pages Land 2 notion, or removal, and in ony event, within 72 hours after death Day funero (Type or print) he law requires that the death certificate be executed within 24 haurs after deat Julian Radzykewycz Feb 6. AGE (in years last birthday) 5. DATE OF BIRTH IE HINDER 1 YEAR E JINDER 24 HRS 3 SEX 4 RACE MONTHS DAYS HOURS White 7-4-1900 Male YRS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED 🖾 NEVER MARRIED 🗀 Ukraine USA WIDOWED | DIVORCED [7] Carroll? 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired \ INDUSTRY give street address) 3, resville 13a USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER 13c. CITY OR TOWN admission) STATE 13P COUNTA № 😾 Emeral 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Peter Radzykewycz Volodymyra Piaceck Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, ar unknown) 1006 Radziterrez Stra will LATS. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac arrest BETWEEN ONSET AND CEATE burial-tronsit permit. Minutes cremotion, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave (b) Arteriosclerotic cardiovascular disease Years rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 30 O FUNERAL DIRECTOR: After this certificate has been os the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO F YES 🔲 for use 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State 21d. INJURY OCCURRED County While Nat while at wark 22a I certify that (I) (this haspital) attended the deceased fram 12-15-67, 19, ta 2-1-68, 19 saw the deceased alive an 2-1-68 to 19, and that in (my) (aur) apinion death accurred an the da and that in (my) (gur) apinion death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING MED DIRECTOR MD DEGREE 2-6-68 director, page 3 should be filed w 22e. ADDRESS Springfield State Hospital 22d. PHYSICIAN'S NAME (Type) Sykesyille. Maryland Octavio A. Ruiz. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE 23o. BURIAL, CREMATION, REMOVAL (Specify) Lake View 25a REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4).", 30M REV. 1/68*



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	or be read we had well			Deoch	PC	Chang	المسرخ	EGREE PHYS	IG MED DIRECT	OR PHYS		2-18.	-68
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-traishauld be filed with the State Dept. af Health priar to burial, cre	ř.	,	22d. PHÝSICIAN'S NAME(Type) Seoc	k C. C	hang, M.D		22e. ADD	Sykes	Field	State Maryla	Hospita	4
	HOS Be 4 Gulf		23o.	BURIAL CREMATION, 23b. DA	JE /	23c NAME OF	CEMETERY	OR CREMATORY	230	LIOCATION (City	gr Town)	(County)	(State)
	5 5 5 E		15	HMOVAL (Specify) 2/	20/6	8 /1k2	2 C	reck Ce	mely	Kerrel	new	WHILE	wzna
	VR A15 (4)	- 5	24.	FUNERAL DIRECTOR	I.	ADDRESS	1		25a. REC'D BY REC		REGISTRAP	SIGNATURE	ASS.
	30M REV. 1/6	8 7		0- 7.19.00	1/2,6	1421135531	dec	1111	TDATE FEB	23 1968		7	0





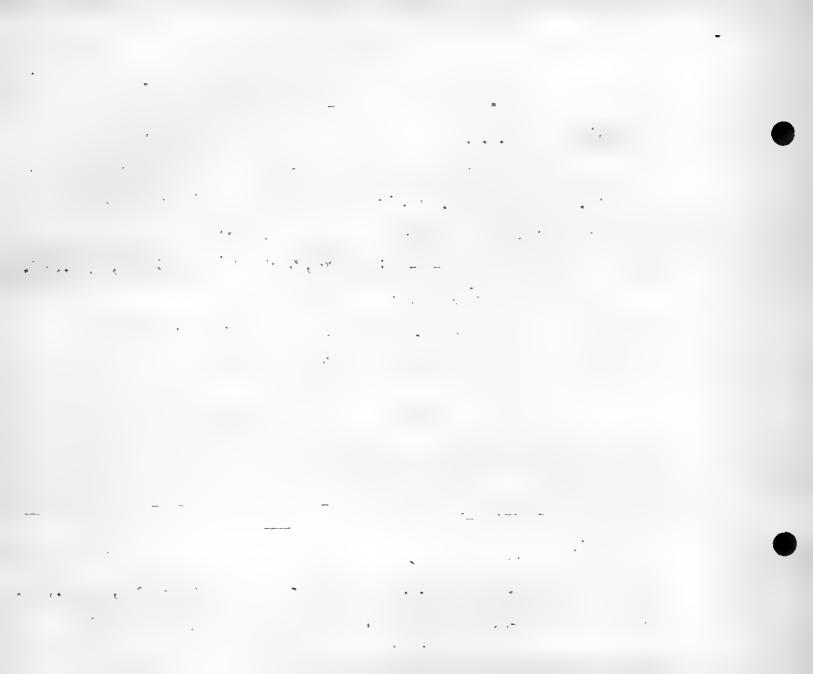


1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	463 5.150
HEALTH DEPT.	1 DECEASED NAME First Middle Last 2a DATE KNOWN Manth Day	Yeor 20 HOUR
ay 1s 3 ta Page ent af	(Type or Print) MARY LANE SCHAFFER DEATH MATED 2 20	1968 P M
delay and 3 M3. Pac tment	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN 14007S FUNDER 24 HRS 2¢ DATE PRONOUNCED DEAD MORTHS DAYS HOURS MIN MORTH Day	Year 25 House
ny del 2, and M3.	Temate White Oct. 3, 1901 Of YRS	1968 P M
e Columnation of the Columnation	70 BRTHPLACE (State or foreign 76 CHTIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH Country) Maryland U.S.A. WIDOWED DIVORCED Carroll Country	
S E E	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USJA, OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR
ofter death S Give Pages alang with far with the Late eath.	g ve street address) DOA Carroll Countymost of working ite even if retired INDI	JSTRY
s after de 18 Give 19 Give with the death.	130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before T3C CTY OR TOWN 13d INSIDE CTY LMISS? 13e STREET AND NUMBER	
18 a 18 a 2 w 12 w	odmission) STATE Maryland (OUNTY Carroll Westminstery E) NO [48 Longwell A	re.
I haurs Item 18 Office I and 2 v	14. FATHER S NAME First Middle Lost 15 MOTHER S MAIDEN NAME First Middle Bowen	Last
rin ris	160 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
This certificate should be executed within 24 cate, writing the word "pilleding" in pencil in be farwardled to the Chief Medical Examiner's be used is a burial-transit permit file pages or remayal, and in any event within 72 hours	(Yes, nd, or Jnknown) (If yes give war or defes of service) 212-05-6672A Charles D. Schaffer sai	ne
id with the letter of the letter lett	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rcute dica dica with	PART I DEATH WAS CAUSED BY Fractured skull and multiple injuries	sudden
be executed "pmmding" in vief Medical E. Lansit permit F event within	DUE TO, OR AS A CONSEQUENCE OF	
d be d "p Chier rrans	Conditions, if any, which gave isset to immediate cause (a). (b) (b) (b) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
shauld be executed to word "piiiiding" is word "piiiiding" at the Chief Medical burial-transit permit in any event within	stating the underlying couse DUE 10, OK AS A CONSEQUENCE OF	
is certificate should by withing the word farward to the Clarkard so burial-transcoluber of the control of the	PART 2 OTHER SIGN. FICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
ficat fing rdmd	, A	
ts certifi te, wratii farward farward e used	196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF NIURY Month, Day, Year 211. HOW INJURY OCCURRED (Enter nature of niury in Port 1 or Port 2, Hem.)	20. AUTOPSY?
ertificate, certificate, ould be fa fa fa. S. hauld be u ian, ar ren	THE TELEVISION OF THE CONTROL OF THE	YES NO
# _ B 9	210. EXTERNAL CAUSE WAS PRIMARY NOR CONTRIBUTING CAUSE OF DEATH 210. EXTERNAL CAUSE WAS 210. EXTERNAL	Cal
INER: le certif lihould files, 3 shaul	S 21d INVIRY OCC. PRED 21a P ACE OF IN IPY (At home form street 21f LOCATION Street or R.F.D. No. City of Town	ounty State
	WHILE AT WORK AT WORK State highway Rte 140 east of Westminster	Carroll Md
Cecuit Cecuit Pag Pag Par Par Par Par	22a. I certify that I taak char ge of the remains described above, held an Autopsy, Inspection 🗷, Inquiry,	and in my apinian
PICA ctor	death resulted fram Natural causes Accident M., Suicide ., Hamicide ., Undetermined manner	
pleasing directs directs.	ACTUAL OPERATE CONTROL OF THE PROPERTY OF THE	
FUTY BEATY, ple who had be not a proper the prior of the	SIGNATURE AND ASSISTANT MEDICAL EXAMINER 220 DATE SIGNATURE 220 DATE S	
o DEPUTY SICAL EXAM necessary, pleass execute the funeral directar. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health priar to bundl, crem	NAME (Type) W. Glenn Spetcher, M.D. ADDRESS(Street, city, town, or county) Westminst	n St.
10 DEPUTY necessary, the funera 5 may be 10 FUNERA Health pr	230 BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY _ 23d LOCATION (City or Town) (Cal	inty) (State)
	Cemetery Million Res	
VR ATSME (5)	24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256. REGISTRAR 5 SIGN. 2. 2. Mayere, A., Wastrasseles M. Date MAK 6 1968 Hiller	Chri Margara
10M REV. 1/68	g. 2. Mylere, A., Westminster, Mil. DATE MAK 6 1968 former	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 02478 CERTIFICATE OF DEATH 02464 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissron) a. COUNTY Carroll a. STATE b. COUNTY Balto. Co. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 1b grifa RURAL and give nearest tawn) Reisterstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊑ d STREET ADORESS burial-tronsit permit. Then please remove carbon paper: burial, cremation, or removal, and in any event, within 72 ON A FARM? Grand View Nursing Home 2 Shirley Ave. YES NO THE NAME OF First Middle Last 4 DATE Month Cov Year DECEASED (Type or print) Tilly Feb. 14, Shipley 68 DEATH 9 AGE (In years S SEX 6 COLOR OR RACE B DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIEO NEVER MARRIEO IF JNOER 24 HRS. plest birthdoy) White Feb. 9.1881 Female WICOWED 3 DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even is retired) COUNTRY U.S.A. attending physician operate INOUSTRY Carroll Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Thomas Lowe Alice Hann IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, qq. pr unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address -48-24% Mrs. Tilly Bates Reisterstown, Md. IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN signed by the burial-tronsit p PART I. OEATH WAS CAUSED BY ONSET AND DEATH Hypertensive Cardiovascular Disease IMMEDIATE CAUSE (o) DUE TO General arteriosclerosis Canditions, if any, which gove 20 yrs. rise ta immediate cause (o), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending Advanced Senile Changes 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) ar use NO G After this certificote ATTENDING PHYSICIAN: 206 ACCIDENT WAS UNDERLYING [20b. OESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached t (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Ooy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Stote) (County) Haur a.m. foctory, street, office bldg., etc } Nat While of work of work 21. I certify that (I) (this hasputal) attended the deceased from 24/Oct/65 . 19 , ta_14/Feb/6819___, that (I) (we) last director, page 3 should should be filed with the saw the deceased alive on 14/Feb/68 O FUNERAL DIRECTOR: 19 , and that death accurred at 6:45 NAMam causes and an the date stated above 22a SIGNATURE 22b. DATE SIGNED MEO. DIRECTOR STAFF 1 14/Feb/68 22c. PHYSICIAN S 22d. AODRESS Wm. H. Lawson, Jr., M. D. Box 54, RD #2, Sykesville, Md. 21784 NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d LOCATION (City or Town) (County) (State) BUCT a Specify) Feb. 17, 1968 Greenmount Carroll Co. Md. Greenmount Cemetery 250 RECD BY REGISTRAP 3 1968 250 MEGISTRAPS SEGNATURE 250 PAGESTRAPS SE 24 FUNERAL DIRECTOR Tipton - Eline Funeral Home Hampstead, Md. 25M 1/67

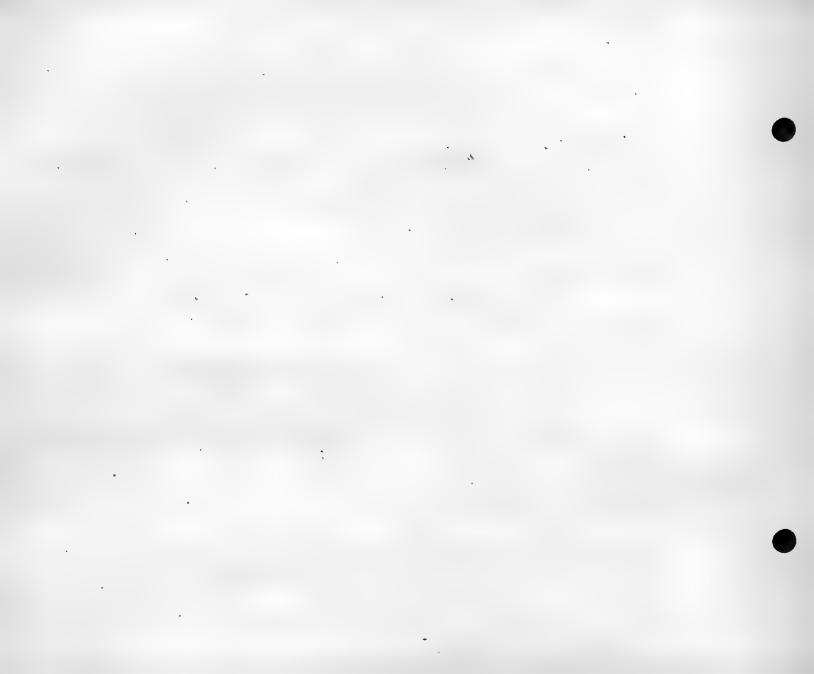




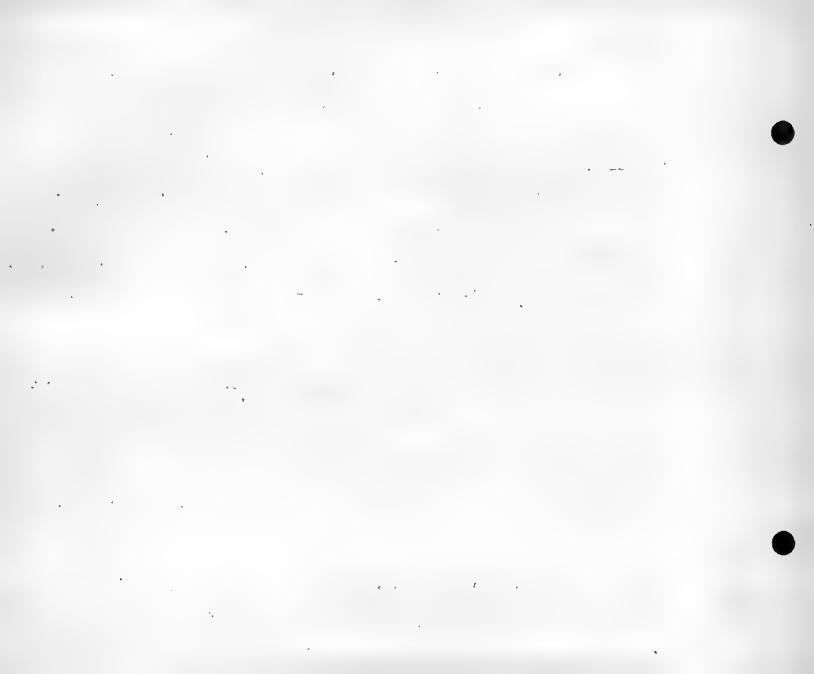


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1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	,
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	\$
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a DATE KNOWN Manth Day Year 2b (Type ar Print)	HOUR
1000	(Type or Print) ELWOOD HAROLD STENPLE DEATH MATED 7 2-4- 1881	:15%
a tage		I. HOUR
	MALE WHITE SEPT. 3 1927 40 YRS. MONTHS DAYS HOURS MIN Month 2 Day 4 Year 1968 1	155 M
Py Py	70 BIRTHPLACE (Stote or foreign 176 (15.75N OF WHAT COUNTRY) 8 MARRIED FLOWER MARRIED TO COUNTRY OF DEATH	191
	COUNTRY GARRETT CO. AD. U.S. Q. WIDOWED DIVORCED CARROLL CO,	14.3
State	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12a. USUAL OCCUPATION (Kind of work dame 12b KIND OF BUSINES!	S OR
	during most of working life, even if retired. INDUSTRY	1 0
Give ong w	30 USUA. RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 36 INSIDE CTY. MITS? 13e STREET AND NUMBER	
s certificate should be executed within 24 hours after e, writing the word "pending" in pencil in Item 18 Give forwarded to the Chief Medical Examiner's Office olong tused as a burial transit permit. File pages land 2 with the emayal and in any event within 72 hours after death.	admissMarWiand 136 COUNTY Westminster YES NO 88 W. Main Street	
hours tem D Office and 2 and 2	TA PLEATER CAMPAGE	
This certificate should be executed within 24 cote, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's be used as a burial transit permit. File pages in remayal and in any event within 72 hours		
within 24 pencil in carriner's ile poges 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 88 W. MRIN (Yes, no, grunknown) (If yes give war or dates of service)	97.
File	(18 yas give war or dates of service) 213-24-7302 MRS ELWOOD H. STEMPLE WIFSTMINITE	PMD
ed in	APPROX MATE INTER AND PART I. DEATH WAS CAUSED BY APPROX MATE INTER AND PART I. DEATH WAS CAUSED BY APPROX MATE INTER AND PART I. DEATH WAS CAUSED BY	DEATH -
e execut pending" ef Medica isit permi	IMMEDIATE CAUSE (a) King I Warned Heart De Starle led 720 Min	LT.
exe andi Me t pe	, 56 X DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe "ief iief eve	Canditians, if any, which gave	
world world the Christ trial from y	rise to immediate couse (a) (DUE TO, OR AS A CONSEQUENCE OF	
This certificate should be executed will icote, writing the word "pending" in pe be forwarded to the Chief Medical Exard be used as a burial transit permit. File or remayal and in any event within 72.	last.	
ertificate sh writing the rwarded to sed as a bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ficol ing rded os		
certificorwar	196 COND TION FOR WHICH OPERATION 20 AUTOPSY?	
em (196 DATE OF OPERATION 196 COND TION FOR WHICH OPERATION WAS PERFORMEO? 20 AUTOPSY? VES \(\text{NS} \) 21a EXTERNA. CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c, HOW IMJURY OCCURRED Letter sortuge of nijury in Part 1 or Part 2 Item 183	in Kar
INER: This e e certificate, should be fo files. 3 should be use under the should be used to be used	21a EXTERNA, CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c, HOW INJURY ACCURRED Enter parture of niury in Part 1 or Part 2, Item 183	
T 73 -		_
NER NER Ce	CALL TRUTH OF CAPPA	<u> </u>
XAMINER: te the certif ge 4 should your files. oge 3 shoul	WHILE NOT WHILE I foctory, affice buyging, etc.)	31079
EXAMINER: cute the cert age 4 should ge 4 should be your files. Page 3 should, cremotion,		4
CAL E executor Paragraphical Formula (CTOR: 1) burnal,	220. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspect on 🔀, Inquiry 🔲, and in my o	pinian
ical E) lease executadrector Pagetained for y DIRECTOR: P	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
durect durect durect on r to hr to	CHIEF MEDICAL EXAM.NER	10/
prior	SIGNATURE When Medical Examiner 22b. Date signed 2-4-	58
EPUTY sssary, funerol oy be oy be interal	EXAMINER'S DEPUTY MEDICA. EXAMINER 🔀	
TO DEPUTY necessary, property is may be reformed to funeral. Health price	NAME (Type)	20
To the second se	230 BUR AL CREMAT ON, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stort	W
NO T	BURIAL Z/2/69 WESTMINSTER CEMETER WESTMINISTER IN	51
(3)	24 FUNERA. DIRECTOR ADDRESS 250. REC D BY REGISTRAR 256 REGISTRARS'S GNATURES	
VR A15ME (5) 10M REV 1 68	J-12 muero A. Mestmuster mk. DATE FFB 7 1038	à
IU/VI KE V I OO	The state of the s	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 32483 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR after death (Type or print) :30 Pm 68 Stevens, Elizabeth Dora signed by the ottending physicion and completely filed TTD by the turburial-tronsit permit. Then please remove carbon papers, plages burial, cremotion, or removal, and in ony event, within 72 hours after 3. SEX A RACE S. DATE OF BIRTH 6 AGE (In years IF HINGER I YEAR SE LINOER 24 HRS last birthday) DAYS HOURS 5/29/16 female Negro YRS 24-hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED 15 Maryland USA Carroll WIDOWED [DIVORCED [State Hospital domestic life, even if retired.) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR requires that the deoth certificate be executed within physicion and completely fellen please remove carban give street oddress) INDUSTRY Rural--Sykesville Springfield 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence-before 136 STREET AND NUMBER 1200 N. Stricker St. 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN 13b. COUNTY ... YES 7 Maryland NOT Baltimore 14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Levin Minnie Stevens Ann Johnson 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) none known Springfield Hospital records, Sykesville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY Cerebrovascular accident hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) SYNDROME SCHOOL PROPERTY OF THE PROPERTY OF has been see as the the prior to the With alcohol intoxication without qualifying phrase.
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed for use of Health p YES [NO [TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the Stote Dept of Healt 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 10/28/ , 19.65 , to____ 22a. I certify that the (this haspital) attended the deceased from... 2/23/ 1968 2/23/__1968, and that in (2017) (aur) apinian death occurred an the date and hour and from the saw the deceased alive an... causes stated abave, (we) (did) (distract) view the body after death. 226, SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. 2/23/68 X PHYS. DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS Springfield State Hospital NAME (Type) N. Buyukunsal, M.D. Naci Svkesville. Maryland 23b, DATE MAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL CREMATION. (County) (State) REMOVAD (Specify) Ctimors, lh 24, FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) BATFFB 29 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 32484 CERTIFICATE OF DEATH 26471 26. HOURA Middle Lost 20. DATE OF DEATH DECEASED-NAME The low requires that the death certificate be executed within 24 haurs after death. (Type or print) burial-tronsit permit. Then please remave corbon popers. Pages 1 and burial, cremotion, or removal, and in ony event, within 72 hours affer death 88 CHARLES HENRY STOCK IF UNDER 1 YEAR SEX Male 4. RACE S. DATE OF BIRTH 6. AGE (In years 11/03/88 lost birthdoy) MONTHS DAYS Caucasian 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7c BIRTHPLACE (State or foreign 8. MARRIED | NEVER MARRIED | .⊆ country) CARROLL Penna U.S.A. DIVORCED X WIDOWED FT completely filled 11) NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Sykesville 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Balto City YES-TC 510 W. NO T Fayette Street IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Lost First William ROLL STOCK ELIAZBETH MOORE 17. INFORMANT Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Yes, no. or unknown) (1) yes give war or dates of service) 212-07-3622 Hospital records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Coronary at BETWEEN ONSET AND DEATH signed by the attendir buriol-tronsit permit. Coronary artery heart disease Years DUE TO, OR AS A CONSEQUENCE OF Bilateral bronchopneumonia Conditions, if only, which gave) Days rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 1. Schiz. reaction, acute undiff. type 2. Mental Defective Undifferentiated be detached for use as the Stote Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 3 NO 🖂 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 6/6/, 1957, to 2/12, 1968, that (1) (we) last saw the deceased alive on 2/12/, 1968, ond that in (1) (our) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (1) (we) the body after death. 22c. DATE SIGNED 3 -13-68 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE 22e, ADDRESS 22d. PHYSICIAN'S Springfield State Hosp., Sykesville, Md. NAME (Type) Suha Ozgun, M.D. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) YStote) BURIAL CREMATION. 23b. DATE (County) REMUVAL (Specify) Kar 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68

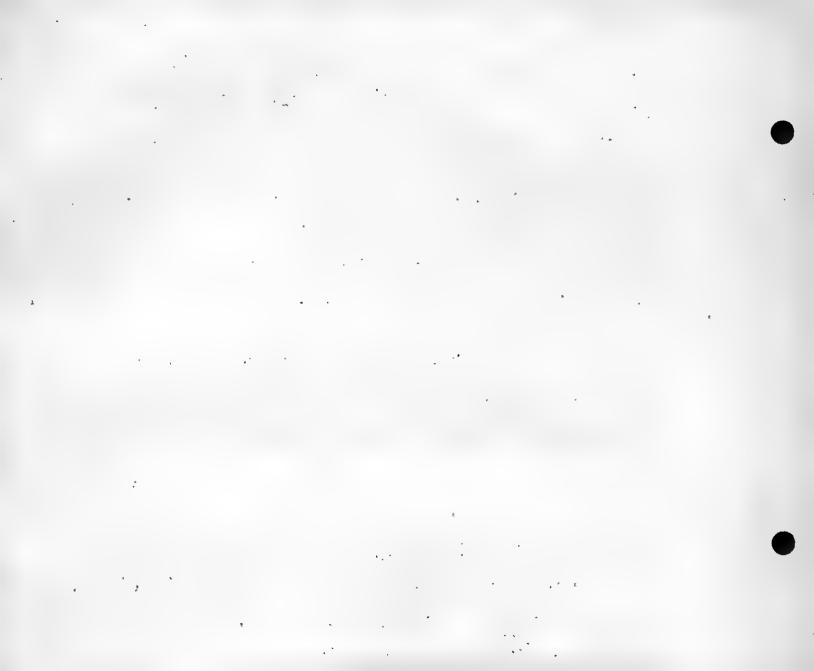
MAKTLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 1. DECEASED-NAME Middle First 2a. DATE OF DEATH 2b. HOUR O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) Stuller David Ezra 3. SEX 4. RACE S DATE OF BIRTH IF UNDER YEAR 6. AGE (In years MONTHS DAYS last birthday) HOURS White August 13, 1909 Male 7o. BIRTHPLACE (State or fore gn 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country) Carroll Maryland U.S.A. WIDOWED [7] D VORCED Mrl. signed by the attending physician and campletely filled burial-transit permit. Then please remave carban pag burial, crematian, or removal, and in any event, within? IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Carroll Co. General Hosp. during mast at warking life, even if retired.) Construction Westminster 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13∈ CITY OR TOWN 13e STREET AND NUMBER admission) STATE Maryland 13b, COUNTY Baltimore YES TY NO [2800 West Rodgers Ave. 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Fowble Flora Ezra Stuller Edward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) Taneytown, Md. 220-03-0082 Mrs. Homer Y. Myers, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CONGESTIVE 6 WKS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave a BEDIOVASCULAR DISEASE HUPERTENSIVE rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta 20b. IF YES, WERE FIND NGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical exominer) P.M. 21 d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 220. I certify that (I) (this hospital) ottended the deceased from 2/9, 1968, to 3/36, 1964, that (I) (we) last saw the deceased alive an 2/36, and that in (my) (aur) apinion death occurred an the date and haur and from the be retained causes stated abave, (1) (we) (did) (did nat) view the body after death. 226 SIGNAPURE 22c. DATE SIGNED ATTENDING cour PHYS. DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) Vincent J. Fiocco. Westminster. Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIA., CREMATION, Uniontown, Carroll, Maryland 2/29/68 Lutheran Cemetery 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Steile ADDRESS VR A15 (4) C.O. Fuss & Son, John H. Skiles, Taneytown, Md. DATEB 28 1968 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH





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death.	1. Di	CEASED-NAME (YPB or print)	D	Middle	WAGNER	20. DATE OF DEATH Month	Day Year		
offer offer offer offer offer	3. SI	Male	4 RACE Wh:	ite	S. DATE OF BIRTH Nov. 13, 10	6. AGE (In year last birthday)	FS IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N.		
hours in by ers. P	7a. 1	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT	HANGE	RIED NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH	/		
equires that the death certificate be executed within 24 hours after death physician. signed by the attending physician and completely filled in by the strength burial-transit permit. Then please remove carban papers. Pages out 2 burial, crematian, ar removal, and in any event, within 72 hours after death		ITY OR TOWN OF DEATH	11 NAME give stree	OF HOSPITAL OR INSTITUTION	(If not in hospital 12a USU	AL OCCUPATION (Kind of work lost of working life, even if ret	done 12b. KIND OF BUSINESS OR INDUSTRY		
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exec d co mov any a	14. [ATHER'S NAME First	M ddle	Last	15. MOTHER'S MAIDEN NAME F	A LLVa C	dle Last		
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cate sicial sleas sleas	16c.	WAS DECEASED EVER IN U.S. AR	was or rintes of secure)	. SOCIAL SECURITY NO.	17 INFORMANT	Addi	ress		
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th ce		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUSE			776.6 -		BETWEEN ONSET AND DEATH		
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the are of the ortion		Canditions, if any, which gave		CONSEQUENCE OF					
hat n. ny th nansi ansi		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF					
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aquii phy sign buri		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)			
law rending been so the iar ta	ĕ	1- 1			100 111-0-11				
The law requires that the death certificate be executed attending physician. And been signed by the attending physician and completure as the burial-transit permit. Then please remove car the priar ta burial, crematian, ar removal, and in any event	CERTIFICATION	NONC		OPERATION WAS PERFORMED	YES 📂 NO	CAUSES OF DEATH?	INGS CONSIDERED IN CERTIFYING		
DING PHYSICIAN: I by the haspital or After this certificate I be detached far u: State Dept. of Healt	FDICAL CE	21g ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAJSE OF DEA (If either, notify medical exam	TH HOUR A.M N	lanth Day Year	c. HOW INJURY OCCURRED (Ente		Part 2, Item 1B.)		
PHYS he has this ce detache s Dept.		at work at work			If LOCATION Street or R.F.D. No	10 3/11	Caunty State		
by the three per control of the cont		22a. I certify that (I) (th	is hospital) attend	ed the deceased from	1/30 , 194	20, ta -///	_, 19 <u>00</u> _, that (I) (we) las		
ATTENDING etained by th CTOR: After should be d		causes systed abav	nive on(/ e, (V) (we) (did) (dia	inet) view the bady at	cana mar in (my) (ous) opi ter _i agath.	inian death/occurred on t	, 19(20), that (I) (we) las he date and havr and from the		
OR OR		226 SIGNATURE /	Latry	1 /h	ATTENDING -	MED STAFF DIRECTOR PHYS.	22c. DATE SIGNED		
TO HOSPITAL Page 4 may b TO FUNERAL D director, page should be file		22d. PHYSICIAN'S NAME (Type)	ARD X.L	ALRYMPH	E 187E.MA		MINSTER, MD		
HOUSE HOUSE	23a.	*********	DATE	23c. NAME OF CEMETER		23d. LOCATION (City or Town			
5 5 5 5 E	_		0.14,1968	Greenmoun	t Cemetery	Hampstead			
VR A15 (4)		FUNERAL DIRECTOR				B 1 4 1950 REGIS	TRAR'S SIGNATURE		
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Trem to itim 分級 2-20-00 MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02488 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH 1 DECEASED NAME Middle requires that the death certificate be executed within 24 haurs after death (Type or print) Elizabeth Marguerite Weisenmiller 3:10aM 4. RACE 5 DATE OF BIRTH IF LINDER 1 YEAR 3. SEX 6. AGE (In veors last birthday) MONTHS DAYS Caucasion 3-17-02 Female 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o, BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED Marvland U.S.A. Carroll County WIDOWED [" DIVORCED [120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital for use as the burial-transit permit. Then pleose remove corban pat Heolth prior ta burial, cremotion, or removal, and in any event, within 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY None State Hospital uring most of warking life, even if retired) Svkesville 3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Maryland 13b. COUNTY Allegany Cumberland YES 📆 NO [556 Green Street 15. MOTHER S MAIDEN NAME First Middle 14 FATHER'S NAME First Middle Lost Weisenwiller Jacob Eleanor Yupa 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Sykesville, Maryland Yes no or unknown) (If yes give war or dates of service) Springfield Hospital Records 213-58-2736 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chronic rheumatic and arteriosclerotic heart Years signed by the ottendir burial-transit permit. disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retoined by the hospital or ottending physician. D FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) with psychotic reaction 16.01 Chronic Brain Syndrome associated with Convulsive disorder 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 9n. DATE OF OPERATION CAUSES OF DEATH? YES 🟋 ves NO [7] director, page 3 should be detoched for use should be filed with the State Dept. of Heolth | 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Doy Year be detoched 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 8-12-54 19 to 2-19- 1968, that (1) (we) last saw the deceased alive an 2-19- 1968, and that in (my) (obr) apinian death accurred an the date and haur and from the causes stated above, (1) (We) (did) (Md Kot) view the body after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING 2-19-68 MED DIRECTOR DEGREE 22e, ADDRESS 22d. PHYSICIAN'S Sykesville, Md. Springfield St. Hosp. NAME (Type) Isak Hapner M.D. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town). (County) 230. BURIAL CREMAT ON, 23b DATE RPMOVAL (Specify) UNERAL DIRECTOR 30M REV, 1/68



MAKYLAND STATE DEPAKIMENT OF HEALTH 12587 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02475 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH DECEASED-NAME First 2b HOUR death. and (Type or print) 5. WENGER SARAH 3 SEX 4 RACE S. DATE OF BIRTH AGE (in years last birthday) IF SINDER TYPAR IF ANDER 24 HRS the attending physician and campletely filled in by the T sit permit. Then please remove carban papers Pages MONTHS DAYS HOURS NHITE SEPT.18 requires that the death certificate be executed within 24 haurs off FEMALE YRS 9. COUNTY OF DEATH **7b CITIZEN OF WHAT COUNTRY?** 7a. BIRTHPLACE (State or fareign 8 MARRIED | NEVER MARRIED CARROLL country) 4.5.0 WIDOWED IZZ DIVORCED [77] 12g USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) during, mast of working life, even if retired) INDUSTRY OUSE- WIFE 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 🗀 NO Z ANNVILLE and in any 14 FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Middle SMITH 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) MRS. JOSEPH WENGER signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, WESTM 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) GCUTE CORONAYU DUE TO, OR AS A CONSEQUENCE OF Cardin Va sou lor Disease Artemosclerotic Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. 45001 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the TO FUNERAL DIRECTOR: After this certificate has been of Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [21g. ACCIDENT WAS UNDERLYING 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY è OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (if either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark TO HOSPITAL OR ATTENDING 23 , 1965, to 22a. I certify that (1) (this hospital) attended the deceased fram. 160, and that in (my) four) apinian death accurred on the date and haur and from the saw the deceased alive an. be retained director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYS!CIAN'S NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b DATE (County) 23a. BURIAL CREMATION, GRAVEL HILL CEMETERY ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 1968 30M REV. 1/68 DATEFR

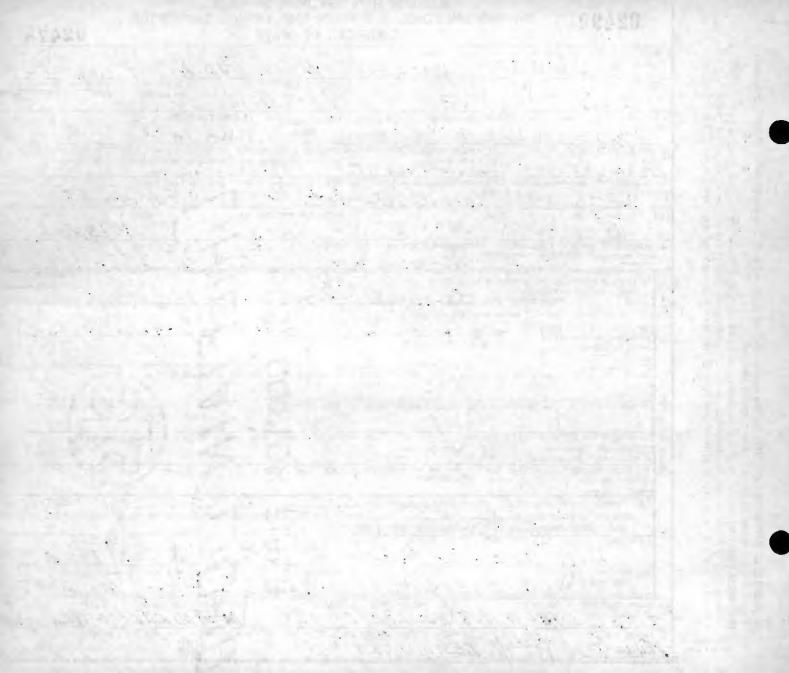


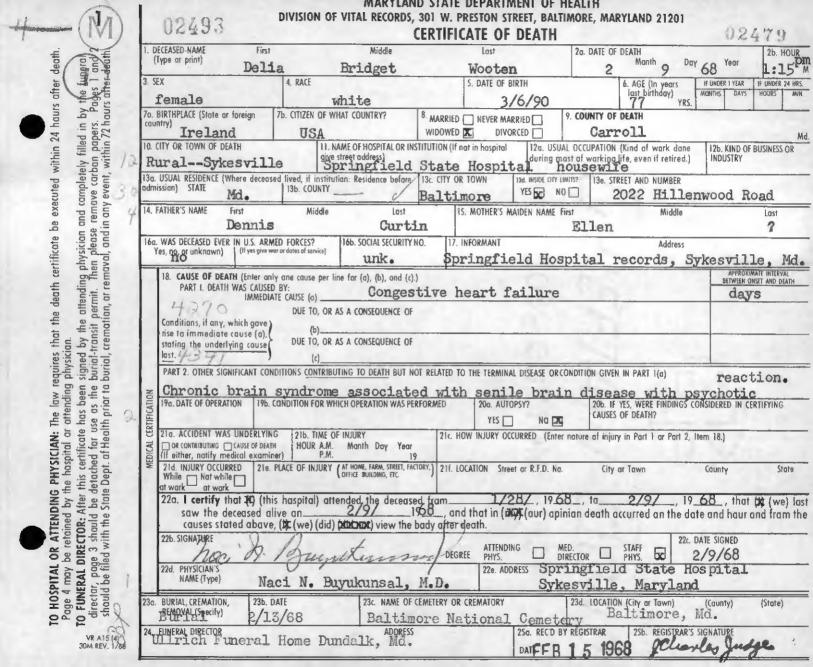


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED NAME First Last 2b. HOUR Beath. 24 haurs after death (Type or print) Month STella Wheeler Blanche 4 RACE S. DATE OF BIRTH 3. SEX 6 AGE (In years IF LINOER 1 YEAR IF LINGER 24 HRS. last birthagy) HOURS Female C. a. v. Jan. 5 1889 YRS 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) USA CARROLL signed by the attending physician and completely filled in burial-transit permit. Then please remave carbon papers burial, crematian, ar removal, and in any event, within 72 WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) give street address? INDUSTRY requires that the death certificate be executed with letely WestminsTer Gen. 130 USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY CARROLL admissian) STATE 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First SIX DAVID FLIZabeTh Hollenber 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no or unknown) RD. Z the attending phys James 218-07-1104 13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEAT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause be retained by the haspital ar attending physician. lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the chauld be filed with the State Dept. of Health priar to O HOSPITAL OR ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO F YES [21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R F D No. City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from figure 196 f., ta find the deceased alive an first 21, 196 f., and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (vol.) (did) (did vol.) view the bady after death. 22b. SIGNATURE **ATTENDING** STAFF PHYS 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23b. DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL CREMATION (County) (State) REMOVAL (Specify) GreenmounT Md. 24.1968 Cemeter Treenmount RECD BY REGISTRAR 25b. REGISTRAR S SIGNATURE ELINERAL DURECTOR VR A15 (4) 30M REV. 1/68 HAMPSTEAD



MAKTLAND STATE DEPAKTMENT OF HEALTH 02492 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02478 2a. DATE OF DEATH 1. DECEASED-NAME Middle Lost 2b. HOUR Month (Type or print) 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR requires that the death certificate be executed within 24 hours after lost birthdoy) DAYS MONTHS HOURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY please remave carban 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Middle IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, na. ar unknawn) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) signed by the burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) the has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO J O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while of work 22a. I certify that (1) (this haspital) attended the deceased fram ALIC. .1960, and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased glive on causes stated abave (1)/(we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DAJE SIGNER DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, pluods 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g. BURIAL CREMATION. REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S DATEFEB





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